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ART. I.—*Professional Remuneration.* By J. HOWARD PUGH, M. D., Burlington, N. J.

IT is to be presumed, that no physician practises Medicine long, without becoming certain that he has placed a large portion of the community in which he lives, under obligations to him, such as no money can cancel, or life exhaust. It would be impossible for him to stand between the open grave, and any pure and noble nature, stricken by disease, without being made aware, in many ways, of the earnest, lasting gratitude he had awakened. It would be impossible for him to exercise the varied talents his profession requires, and respond to the varied demands made upon his sympathy and solicitude, through days and nights of watching by the couch of pain, without being certain that all those, whose endowments by nature were high, and whose associations through life had tended to develop the better part of them, would never fail duly to appreciate his services, and that such services *could* be disregarded and forgotten only by the habitually ungrateful, those sordid, censorious, selfish souls, all the fine points of whose nature have been rubbed off by the rude contact of the world. If this were not so, if the appreciation, regard, and gratitude of the choicest spirits that bless our world were not so largely shared by the physician, the burdens of his lot would be intolerable. But it is not the object of this article to enlarge upon the bright side of the picture. It has another.

In no avenue of life wherein the researches of science are applied to the necessities of the race, is there so much uncompensated labor, as the physician is compelled to perform, and

which neither his own sense of duty, nor the general voice of the community will permit him to neglect. Not only in no other calling, do men perform so much wholly *uncompensated* labor; but, even when they *are* compensated, in no other calling, requiring an equal expenditure of time and talent, and an equal amount of physical endurance, do men receive so little, or excite such general and severe animadversion for attempting to measure their pecuniary deserts by a standard deemed just in kindred pursuits.

Men generally demand and receive pecuniary compensation in proportion to the amount, and kind of labor they perform, and we may lay it down as a sound and just principle, that mental labor is of higher value than manual, and that compensation should be proportioned to the degree in which one exceeds the other. It would seem unnecessary to do more than state this principle, in order to secure for it general assent, did we not see men daily act, and hear them daily talk as if it were not true. We will therefore simply state here, that however men may be disposed *sometimes* to cavil at this principle, they *generally* act as if they acknowledged it to be just; and in the various departments of business life it is assumed to be so. The world over, brain yields greater fruits than muscle, and demands greater compensation. From the sailor before the mast, to the officer who commands—from him who delves amid the ore, or moulds the metal to another's will, up to him whose active brain invents and sets moving the vast machinery—from the day-laborer who piles stone upon stone, or hews out the marble and granite, up to the architect in whose brain the rising edifice has long been formed—from the mere scriveners, and busy hangers-on of government, up to the few with whom rests the "weal and woe" of nations, it is the labor of the *mind* and not the *hands* that is most highly regarded and rewarded. It may be stated as a correlative principle, and appears to be a law of trade, that men expect and receive pecuniary compensation in proportion to the responsibilities they assume, and the risks they venture. When a merchant sells his goods to some remote region, he governs his profits by the probabilities of payment. A broker shaves notes on a similar principle; so with importers; so with insurance companies; so in all departments of trade—profits are governed by risks—men peril neither their fortunes, their reputations nor their lives,

as a general rule, in doubtful business enterprises without a compensation proportioned to the peril.

Now, bearing in mind the plain principle referred to, concerning the value of mental labor, it may next be stated, that it would be difficult to point out any field of labor where untiring mental effort is more imperative than in the study of the human body, the laws of health and disease, and the effect of remedies upon them; and it would be equally difficult to show wherein man *can* assume greater responsibilities than in taking charge of the momentous interests of human life. It would be difficult to find a mystery, in all nature, that would not be surpassed, if we may so speak, in some part of the structure or functions of the human body, or to discover a law of nature that would not there be found operating. Man seems to be an epitome of all that has been and is, and to have had concentrated upon him the elements of all the wisdom, and all the mystery the creation elsewhere contains. It is difficult to make men understand or believe this. Man is not, to the common eye, a great mysterious world—he is but a few feet high—he fills but a narrow grave—a few handfuls of earth conceal him from the view, and it is difficult to convince men that ages of intensest study, by many of the world's best intellects, have developed but a trace of the vast wealth of eternal wisdom centred in his frame. The phenomena presented by the human body, in health and disease, are of the most complex character; they are the combined result of forces which work together nowhere else in nature. We see there the operations of the same forces with which we have grown familiar in the inorganic world; we see the same mysterious force of life to which we have before traced the wonders of the vegetable kingdom—but we see two forces mightier than all, overtopping, complicating all; working now in harmony, now in discord, but always working with them all—nerve force and mind; and taken all together they form this complicated mechanism, which physicians must study; and study it too not only in health but in disease—not only when all nature seems to smile upon it, but when unknown influences, that walk in darkness and waste at noonday, seem plotting its destruction. There is, in the wide world, no field of *mental labor*, if it is not here; and without such *labor*, without *capacity* for such labor, no one has warrant of God or man to

enter upon it. But it has been studied, and is being studied with a completeness and a thoroughness, and an unflagging zeal, that nothing can surpass: out of it has been built up a massive literature, and the results of years of labored investigations, may now be concentrated in one case, and in one hour, to the immeasurable benefit of man. Now when we consider the exceeding complexity of the human organism, the terrible nature of those agencies against which it must, so often, struggle for existence—when we consider that these are subjects of legitimate scientific inquiry, concerning which nothing can be known except by severest *mental labor*, and that the vast results of this *labor* can be applied to the necessities of man, only by a continuance of the same kind of mental activity in which they originated, we must see and feel that it is no light *responsibility* to keep watch and guard over human life. This responsibility is increased by the vast interests that so often cluster around the life we would guard; a life, perhaps, the going out of which would spread gloom throughout a whole community, and make the world a wilderness to many hearts.

Considering how close is the connection between a knowledge of diseases and the laws of life, and just mental operations—how often such operations and their appropriate appliance avert death—how utterly blind is every step taken without them—it seems clear that no man has a right to assume, such responsibilities, and tamper with such momentous interests without being both a *thinker* and a *reader*—able to profit by his own observations, and resolved to avail himself of the thoughts and observations of others. We can conceive of few greater responsibilities within the range of human duties, and it is appalling to think how often they are lightly assumed or never realized.

The *risks* incurred by physicians will be acknowledged also to be very great. They *risk* their health, their lives; they must tread the narrow lanes and filth of cities; they must daily breathe a tainted air; they must brave contagion in its direst form: their hours of rest cannot be chosen; their habits of life cannot be regular. They *risk* their reputation. They practise an art the intricacies of which cannot be understood, the difficulties of which cannot be appreciated, by the onlooker. Symptoms the latter will deem identical may arise from totally opposite condi-

tions, and yet *he* cannot see why one may not be as readily relieved as the other. Men become maimed by serious accidents, and it is not uncommon for them to charge their deformities rather upon the surgeon than the accident, and heartless prosecutions are, not seldom, the result. There is nothing about which the uninitiated think they know *so much*, and concerning which they really know *so little*, as diseases and their cure. Of the whole subject they are profoundly ignorant, and yet their opinions are often as positive as if they had nothing to learn, and these opinions often peril a physician's reputation.

Now if it be a correct principle that men should be compensated in proportion to the amount and kind of *mental labor* they perform, and in proportion to the *responsibilities* they assume, and the *risks* they incur, may not the inquiry be started whether any class of men *ought* to be more liberally rewarded than physicians?

We presume no physician who has a proper idea of the true nature of his calling, will ever be disposed to complain of the degree of mental labor that falls to his lot. He will rather glory in it. He will have no desire to shrink from the responsibilities that attach to it, for he counted the cost before he entered it, and assumes its duties in the name and service of humanity. He will not be prostrated by malignant aims at his reputation, for they cannot break down the consciousness of duties well intentioned and well performed. He will not be deterred from visiting the dens and hovels of the poor, where disease lurks darkest and deadliest, by any risk to his own health and life, or because he finds men not disposed properly to appreciate his labors. He has high motives to prompt him. His profession is not a trade. His services cannot be bought. His brethren died like heroes the past summer at Norfolk, and he is ready to do the same should like circumstances arise, and he knows that such services admit of no pecuniary valuation. And I would be understood in nothing I have said to intimate that pecuniary gain is the end, or by any means a prominent aim of the physician's life. But there are some men in the world who can understand no motive that has not a pecuniary basis, and when *such* dispute the *rates* of physicians, it may be well enough to ask them upon what principle they do it. We do not expect to relax our professional studies, or shrink from our responsibilities, or run away from

pestilence, or neglect God's suffering poor, whether men frown or fawn—but we are disposed to meet some men upon their own ground, and ask upon what principle they, who are able to meet the *claims* of physicians, perpetually question their justice? We ask upon what principle do city councils and constituted authorities, whose business it is to take care of the poor, so often seek to compel physicians to attend their poor for nothing! And we ask those croakers of society who haunt every community—men who never raise their fingers without counting the cost; who would not give a shroud to wrap the dead; who would not drive a nail into a coffin lid without the money down; or loan a dollar for a day without interest and security—we ask them upon what principle of equity we are any more *bound* to work for nothing than they, or upon what principle we make our charges, under any circumstances, that is any more unreasonable, or half so much so, as the principle upon which they transact the whole business of their lives?

(TO BE CONTINUED.)

ART. II.—*Cold Winters.*

[The extraordinary severity of the present winter induces us to lay the following article before our readers, that they may have the opportunity of comparing it with winters that have preceded it. We cut the article from the *Christian Observer*, of Philadelphia, in which paper it appears with the initials of Dr. Thomas D. Mitchell, of that city. It would have been interesting if the Doctor had exhibited the connection, if any is proved by Dr. Webster, between these severe winters and epidemic diseases. We expect, in another part of this number, and in our April number, to give meteorological records and observations on the cold of this winter.—ED. MED. AND SURG. REPORTER.]

IN the "*History of Epidemic and Pestilential Diseases*," by Noah Webster, published at Hartford, in 1799, there is an historical account of many important meteorological phenomena, from the earliest ages of the world; of which those pertaining to the United States will be here presented.

The winter of 1607–8 was the severest known for an age both in America and in England. In the winter of 1641–2, "the bay

at Boston was frozen so that teams and loads passed to the town from the neighboring islands. The snow was deep, and Chesapeake Bay was nearly frozen over. At Boston, the ice extended to sea, as far as the eye could reach." Dr. Webster remarks that it is very common that severe cold is progressive from east to west, happening in Europe one year before it does in America. This occurred in the present instance. "It often happens, however," he says, "that the winter is severe at the same time, in both hemispheres, as in 1607–8, 1683–4, 1762–3, and 1779–80." In the winter of 1696–7, loaded sleds passed from Boston to Nantucket. In 1708–9, the winter was so severe, both in America and in Europe, as to kill vines and fruit-trees. In 1717, there were, says Mr. Winthrop, of New London, "prodigious storms of snow," by which one hundred of his sheep were buried on Fisher's Island; and upon being dug out, twenty-eight days after, two of them were found alive, both of which lived and thrived. The snow was accumulated over them to the height of sixteen feet. This snow storm is distinguished as by far the greatest ever known in America. The winter of 1740–1 was the severest known since 1709, and it was a year later than an equally remarkable one in Europe. The winters of 1754–5 and 1755–6, on the other hand, were equally noted for mildness, sloops having sailed from New York to Albany in January and February. In the winter of 1762–3, snow fell on the 8th of November and continued till the 20th of March. The winter of 1766–7 was very severe both in Europe and America, it having commenced one year later in this country. At Brandywine, Delaware, the mercury fell to 20° below zero. It may be here remarked that Webster, in this work, attempts to trace a relation between epidemics and the following phenomena—earthquakes, eruptions of volcanoes, meteors, inundations, and *extraordinary seasons*, all of which he maintains travel from east to west. But "cold and falls of snow," he says, "sometimes run in veins in both hemispheres." Thus, in the winter of 1774–5, the rivers of Germany were frozen early in December, and there was a deep snow in Bologna, in Italy, in October, while in England the winter was not severe. A remarkable instance of the same kind occurred in our country in the winter of 1798–9. "The weather," says Dr. W., "was very cold, with immense quantities of snow from the

Atlantic to the mountains, but very mild in Canada and the western country, until the close of winter." The winter of 1778–9 was extraordinarily mild. In February, "many people along the river Connecticut ploughed their fields, and in Pennsylvania the peach blossomed."

But the winter of 1779–80 stands forth prominent even in the catalogue of remarkable winters. "From November 25th to the middle of March, the cold was severe and almost uninterrupted." The following was the state of the mercury in January by Fahrenheit's scale, at Hartford, in Connecticut, lat. 41° 44′—

At sunrise.								
Jan.	1	2°		13	8°		25	16° below 0
	2	7° below 0		14	9°		26	6° do.
	3	14°		15	15°		27	2° do.
	4	16°		16	10°		28	8° do.
	5	6°		17	17°		29	20° do.
	6	10°		18	12°		30	15°
	7	9°		19	13° below 0		31	4° below 0
	8	1° below 0		20	5°	Feb.	1	2°
	9	5°		21	6° below 0		2	3°
	10	19°		22	5°		3	0°
	11	26°		23	9° below 0		4	15°
	12	11°		24	6°		5	8° below 0.

The mean temperature in January at sunrise is 4°, being almost 20° lower than the temperature of the same month in ordinary seasons.

"Not only all the rivers, but the harbors and bays in the United States, as far south as Virginia, were fast bound with ice. Loaded sleds passed from Staten Island to New York (aye, even cavalry and artillery were transported over the ice); the sound between Long Island and the main land was frozen into a solid highway, where it is several miles in breadth. Chesapeake Bay, at Annapolis, where the breadth is five and a half miles, sustained also loaded carriages. The birds that winter in this climate, as robins and quails, almost all perished; and in the succeeding spring, a few solitary warblers only were heard in our groves. The snow was nearly four feet deep in Atlantic America, for at least three months. The winter was severe in Europe also; and on the 14th of January, the mercury at Glasgow fell to 46° below 0." This last was no doubt a typographical error. If it was 16° below zero, the cold was most extraordinary for that climate. Mercury itself congeals at —39°.

Art. III.—*Case of Uterine Inertia requiring Instrumental Aid.*

By W. Johnson, M. D., of White House, N. J.

January 3, 1856, I was requested by Dr. Honeyman to visit an obstetric case of his, upon which he had been in attendance about 36 hours. The patient is the wife of Morris E. Alpaugh, aged about 24 or 25 years. The case is primiparous. The doctor stated that the os uteri had dilated very readily, and that although dilatation of the os was complete, that nothing like expulsive pains had been induced, and that this had been the case during the whole of the past night. There had been no progress whatever in the labor. The patient's strength was not in the least impaired, and her appetite for food was good; in this she had indulged herself. Her pulse was normal. In an examination which I made per vaginam, I found the os uteri dilated to its fullest extent—the membranes ruptured, and the child's head resting on the floor of the pelvis, with the occiput under the arch of the pubes. The patient had no pain unless she attempted changing her position, when a slight pain was produced, but not *expulsive* in its character. I saw this patient about one o'clock P. M. The doctor stated that this had been her condition during the whole of the past night. We both concurred in the propriety of using the forceps, as there appeared so little probability of nature effecting the expulsion of the child. At Doctor H.'s request I applied the forceps, and delivered the patient. Although the child's head was small, and the forceps embraced it in the most favorable manner, it required more extractive force than is usual under these circumstances. The child was asphyxied, but smart aspersions with cold water revived it. As the face was very livid, I cut the cord before tying it, and let it bleed a small quantity, and with very good effect. The child speedily rallied. After removing it, I passed my finger into the vagina in order to ascertain the position of the placenta. I found it so high up as to be almost beyond the reach of the finger, and after a delay of 20 minutes or half an hour, I came to the conclusion that it was either adherent or encysted, or both. The introduction of the hand verified this conclusion, and I found both of these conditions to exist; the stricture was firm, and the adhesions extensive; both were happily removed and the patient put in bed. Both mother and child did well.

Remarks.—My object in relating this case, is to call attention to a most important obstetric fact, namely, *the occasional neglect of the uterus to exercise her expulsive function.* This woman is a younger sister of the Mrs. Marian Alpaugh, whose remarkable case of prolonged utero-gestation I have related in the March number of the REPORTER for 1855. *There appeared to be a degree of the same inaptitude to uterine action in this case as was manifested by her sister Marian.* Dr. Honeyman quaintly compared this condition of the uterus to a balky horse, that, after having made a few spirited, but ineffectual efforts, becomes discouraged and refuses to do more. The last Mrs. Alpaugh's womb, after rapidly effecting dilatation of the os, refuses to perform more service, and comes to a perfectly balky stand-still. Both Dr. Honeyman and myself had our doubts whether this womb would ever bestir itself to action again, or if it did so, it would not do it until after an unwarrantable and dangerous delay. The forceps promised more than the ergot, both for the mother and child, and we gave them the preference.

Perhaps the majority of my readers, and especially those of them who have not seen my account of the first Mrs. Alpaugh's case, may dissent from the views which Dr. Honeyman and myself have taken, and see nothing extraordinary in the behavior of this woman's uterus, but view it as a simple *suspension* of contractile power. Be it so. I do not wish to infringe upon the right of private judgment. I simply present facts, and leave every one to draw his own inferences. I thought, however, the case worthy of record; the women were sisters, and successively wives of the same husband.

ART. IV.—*Extraordinary Weight of Infants at Birth.* By WM. WOOD, M.D., of East Windsor Hill, Conn.

DEAR SIR.—In looking over the January No. of THE MED. AND SURG. REPORTER, I notice a call for medical contributions. The following case you can insert if you think it worthy of notice.

I attended upon Mrs. R. in her 10th, 11th, 12th, and 13th confinements, with the following results:—

August	4th, 1849,	female,	weighing	13 lbs.	10 oz.
July	1st, 1851,	male,	"	12 "	5 "
July	7th, 1853,	"	"	11 "	12 oz.
Sept.	23d, 1855,	"	"	12 "	4 "
				49 lbs.	15 oz.

In six years, one month, and nineteen days, in four consecutive confinements, Mrs. R. was delivered of 4 living children, weighing 49⅛ lbs., averaging 12¾ lbs. These weights were accurately taken by her husband and myself within one hour after birth. She informed me that her first child weighed about 9 lbs., and that there was an increase in weight in each successive one, until the time I attended her. She kept no record of their weight, but recollected that the 9th weighed 12 lbs. 9 oz.: thus making 62½ lbs. in five accouchements; averaging 12½ lbs. Can there be found a parallel case? I am aware that there may be found single instances of children weighing more, but can there be found four or five consecutive births with the like result?

The average weight of children at birth, according to the tables of Roederer, is from "6 to 7½ lbs."

According to Chailly, "6 to 7 lbs;" and he further remarks, that, when he made these returns, "that he had devoted 14 years to the practice of the obstetric art; first, as assistant to M. P. Dubois, in the city, and finally as his *chef de clinique* in the midwifery clinique of Paris; that there had been instances of children weighing 12 lbs., but that he delivered *but one* at La Clinique that weighed *nine pounds*."

Baudelocque remarks that he had seen during his extensive obstetrical practice, "two that weighed 9¾ lbs., one that weighed 12 lbs., and another of 13 lbs.; the latter had several teeth well advanced, and others ready to cut; its bulk was so great, that I can scarcely believe that there were ever any born of 25, or *even* 15 *lbs.*, as we hear related by the good women."

Would not the average in this country be more than in France or England? We might easily obtain a valuable table of statistics, if each physician would, at the annual meeting of the county or State medical society to which he may belong, report the average weight of his cases during the year.

Would it not be advisable to adopt some plan to obtain statistical tables?

PATHOLOGICAL AND THERAPEUTICAL REPORTS.

Art. V.—*New York Pathological Society.* Extracts from the Minutes.

Regular Meeting, *Nov.* 14, 1855.

Encephaloid Degeneration of Prostate Gland.—Dr. Isaacs presented a *prostate gland*, with the bladder and several lymphatic glands, which had undergone encephaloid degeneration. The bladder, in the neighborhood of the prostate, was degenerated, and along the iliac vessels and aorta the lymphatic glands were enlarged, some of them to the size of a pigeon's egg. The mucous membrane of the bladder was eroded, and the capacity of the organ diminished. The symptoms presented by the case were these: About five years ago the patient began to complain of dyspeptic symptoms, with debility, lassitude, slight pain over the bladder, and difficulty in urinating. About two years ago these symptoms increased much in severity, and the urine became bloody, sometimes a large quantity of blood being passed. This state continued, without any other symptom worthy of note, until death, when the encephaloid disease, above described, was discovered.

Acute Gastritis.—Dr. Finnell presented the *stomachs of two patients* who had died of acute gastritis, caused by irritating ingesta. The first was that of a boy, who, while playing in the streets with his two little sisters, found a plate containing some food, of which they ate. In one hour after, the boy was taken with thirst, violent vomiting and purging, and great prostration, which, in the course of seven hours, destroyed his life. The girls were likewise affected, but recovered. Upon examination it was found that the substance eaten was arsenic, mixed with Indian meal and molasses. An *autopsy* showed the stomach not much inflamed, except at one point, where the mucous membrane was destroyed from intense inflammatory action. Dr. Finnell has seen seven or eight cases of arsenical poisoning, and in all of them the fatal issue had occurred in about seven or eight hours.

The second case was that of a woman who had died from poisoning by eating soup made from mutton which had been kept cooked in the house for five or six days. The entire family, consisting of five persons, were poisoned; all except the mother recovered. After eating the soup, the patient vomited and purged violently, and died in a collapsed condition. The tongue throughout the attack was white. *Autopsy* showed the mucous membrane of the anterior wall of the stomach healthy, and the posterior thickened and softened. Along the course of the vessels there was a deposit, which Dr. Finnell thought to be fibrinous, but Dr. Clark regarded rather as a deposit of fat, and not morbid. The subject appearing one of considerable interest, Drs. Finnell and O'Rorke were requested to collect, and report at a future meeting, all cases which they could find bearing upon it.

Calculi of Bladder.—Dr. D. S. Conant presented a *bladder* and *calculi* removed from a boy aged four and a half years, the account of whose case is this: About fourteen months ago he had swelling and pain in the glans penis and scrotum, with dysuria, impairment of appetite and sleeplessness, and a little pus at that time passed with his urine. These symptoms continued to exist, and on the 2d of October last, he was placed under the care of Dr. Banks, who, upon examination, determined the existence of a stone in the bladder: a second and third examination failed to confirm this diagnosis, but a fourth again discovered it. A day was now fixed for the operation, but the preliminary examination again failing to detect the stone, it was postponed. In the mean time the little patient was attacked by scarlet fever, and died. For seven days before death he passed offensive pus by the urethra, and complained of pain over the hypogastrium. *Post-mortem* examination showed the existence of an abscess lined by pyogenic membrane, which communicated with the bladder by an opening half an inch in diameter on its left anterior portion, and extended downwards nearly to the urethra. Two calculi were found in the bladder, one smooth, about the size of a filbert, the other rough, and about the size of a peanut. Dr. Conant believes that there were three calculi in the bladder, but that one escaped into the abscess and was lost.

Malformation of Heart.—Dr. Alonzo Clark presented the *heart* of a child whose history is as follows: Up to eight or nine months of age nothing worthy of note appeared in it, but at that time cyanosis developed itself, and dyspnœa, which came on in paroxysms, was observed. In this condition it lived until it arrived at the age of two years and seven months, when an attack of dyspnœa proved the immediate cause of death. On *post-mortem* examination, the heart was found singularly malformed. Between the auricles two openings existed; one appeared like the unclosed foramen ovale, and the other resembled a divided valve. The left ventricle was large and strong, and the auriculo-ventricular opening closed only by half a valve, one curtain of the mitral valve being imperfect, and not aiding in the prevention of regurgitation. The right auricle showed no opening into any ventricle; the blood went from it into the left auricle, then into the left ventricle, and then into the aorta. A quasi septum formed the wall of the sinus, which was a substitute for the right ventricle; from it passed out the pulmonary artery, and through a minute opening through its septum, passed a small portion of blood. The pulmonary arteries, as far as could be learned, were pervious, the veins normal, the thymus gland large, and the spleen of usual size. Through the small opening in the septum of the right ventricle only about one-tenth of the whole volume of blood in the circulation could pass, and this small amount was consequently all which was aërated with each systole of the heart.

Lesions in Typhoid Fever.—Dr. Clark then showed several specimens of *ulceration of Peyer's and Brunner's glands*, the result of *typhoid fever*. In one the disease had lasted three and a half weeks, in another seventeen days, and in a third it had existed for twenty-three days; from the last the patient was recovering when, in walking, he fell and caused a rupture of the intesti-

nal walls and death. In past years, he remarked, each autumn has brought with it a few scattered examples of typhoid fever, and its consequence, ulcerated glands, but this year all autopsies made of patients dying of fever at Bellevue Hospital have revealed this lesion.

Dr. Cock stated that two fatal cases had occurred this year at the New York Hospital, in one of which the immediate cause of death was hemorrhage from the intestines, and in the other perforation.

The point to which Dr. Clark desired to call attention was this, that the type of fever is now fast changing from typhus to typhoid, and that soon the former, which for nine years has reigned, will give place to the latter. Some years ago a famine occurred in Ireland, and with the increased immigration which it caused to America, came typhus fever, which did away with the existing typhoid. In time it died out, and again typhoid appeared; but the famine of 1846, with the exodus to which it gave rise, renewed the disease, and for nine years it has held its own; now again, however, it is disappearing, and the original type will resume its sway until a similar cause arises to displace it.

REGULAR MEETING, *Nov.* 28, 1855.

Colloid Tumor of Maxilla.—Dr. DETMOLD showed a tumor about the size of a walnut, composed of a red, soft, and yielding tissue, which had been removed from the ramus of the inferior maxilla, and which, examined with the microscope by Dr. Dalton, proved to be colloid in its nature. It had formed a protuberance both internally and externally, and by causing pressure upon the bony tissue, had produced almost complete absorption of that portion in its neighborhood, only a few scattered spiculæ remaining around the tumor. Upon making an incision, the knife passed directly through, meeting with no obstruction from the maxilla. The only symptom of malignancy which it had presented was its very rapid growth.

Stricture of the Urethra.—Dr. C. D. SMITH presented a specimen showing a stricture of the urethra surrounded by an extensive abscess in the perineum, disease of the prostate, hypertrophy of the bladder, dilatation of the uterus and pelves of the kidneys, with pyelitis, the result of the stricture. History of the case: On the 16th of November, the patient, a man of moderately good constitution, aged forty years, entered Bellevue Hospital, presenting these symptoms. The pulse was accelerated, and there was much constitutional disturbance; the scrotum, peritoneum, and parts above the pubis were distended, œdematous, and appeared red and inflamed. Upon inquiring into the previous history of the patient, it was found that when a child he had sustained an injury in the perineum, and had ever since urinated with some difficulty; during the past few weeks this had been much exaggerated, and the stream of urine had gradually diminished in size until it was passed "guttatim," and gave rise to great distension of the bladder. The case was regarded as one of laceration of the urethra, and the treatment adopted by Dr. Smith was this: The first step was to make free incisions into the œdematous parts, including those above the pubis, the scrotum, and perineum, which gave exit to a bloody fluid smelling strongly of urine; the second

was to introduce a catheter into the bladder, in the accomplishment of which, however, he was foiled until he incised the prepuce, the elongated and œdematous condition of which interfered with the passage of the instrument. He then passed a No. 7 metallic catheter; about two inches from the meatus a spasmodic stricture was encountered, but soon overcome; not so, however, one of organic nature, met with at the membranous portion, which could not be passed even by the smallest instruments. It was now imperative that the contents of the bladder should at once be evacuated, and accordingly a No. 7 catheter being carried down to the stricture, an incision was made upon it in the median line, the point of the instrument exposed, and the incision continued on towards the bladder; a gush of ℥vj of urine came from the wound, and was followed by considerable blood. The surgeon now proceeded to pass a small bougie into the bladder, and, as he thought, succeeded, but as the patient appeared exhausted, and expressed himself relieved from the desire to urinate, he thought it advisable to let him rest for the night. At nine o'clock the next morning, patient was found in a low typhoid state; the œdema had subsided, and fluid (probably a mixture of serum and urine), poured freely from the wound. A female catheter was now passed into the bladder (as it was thought), and secured; urine passed freely through it. During the night of that day the patient died, and on *post-mortem* examination it was found that no opening had been made into the urethra behind the stricture, but that an abscess had been opened, and that the catheter passing through this, had been lodged in the areolar tissue of the part. No rupture of the urethra or bladder could be anywhere discovered.

Fungoid Swelling of Testicle—Removal.—Dr. Finnell presented a testicle removed from a boy fifteen years of age, at St. Vincent's Hospital. The boy from infancy had had swelling of this testicle, which, at intervals of every two or three years, formed an abscess which would discharge itself and then heal again in a short time. About two weeks ago he entered St. Vincent's Hospital, with an ulcer on the scrotum, through which protruded a fungous growth, and from which pus was discharged. A consultation was held upon the case. Some of the surgeons present thought that the patient should be placed upon anti-scrofulous treatment, and the part left untouched, while others thought that the probability of the frequent recurrence of the difficulty rendered extirpation advisable. In accordance with the latter opinion, Dr. Finnell removed the testicle, which, upon examination, presented the following appearance: Upon the external surface were seen little eminences resembling tubercular deposits, but which, upon examination, were found to be particles of degenerated fibrin, and within the mass there existed a small abscess which contained pus, and communicated by a fistulous orifice with the external surface, through which its contents were discharged.

Spinal Abscess.—Dr. Finnell then presented a portion of the spinal column of a boy nine years of age, in which an abscess, the result of acute periostitis, had been found raising up the periosteum at a level with the third lumbar vertebra, and pressing upon the canal. History of the case: The boy, while at play, was "standing upon his hands," his body and legs being poised in the air, when one of his companions, seizing his feet, had suddenly jerked him

backwards, and kicked him several times in the lumbar region. The injury inflicted caused him so much pain that he had to be assisted home, and that night had an attack of convulsions. On the next day he complained of violent pain in the back, and the convulsions recurred. Leeches were applied to the part, and other appropriate treatment instituted, but the convulsions continued up to the eighth day, when death supervened. On *post-mortem* examination, the abscess above mentioned was found encroaching upon the spinal cord, none of its contents being admitted into the canal, but its walls keeping up steady pressure upon it. No deformity could be observed externally, except a slight prominence, caused by exuded lymph, which was perceptible to the finger. Throughout the case paralysis was looked for, but did not occur; delirium was constant.

Malformation—Spina Bifida.—Dr. LIVINGSTON showed a stillborn fœtus of full term, in which the occipital bone was absent, and from the deficiency thus formed, and from a similar one in the upper part of the spinal column, there depended a large sac of clear, limpid fluid, about one quart or more in amount. He regarded it as a rare species of spina bifida, but the larger part of the deficiency being in the occipital bone, he was not certain whether or not it could be thus classed. Dr. Detmold remarked that he had never before seen so marked a case of spina bifida, which was unconnected with some other congenital deformity, as club-foot, cleft palate, webbed toes, or the like. Dr. Markoe's experience coincided with this, and he mentioned an example in the museum of the N. Y. Hospital, in which several of these deformities, together with a double rib, exists. Dr. White asked whether there had been intermarriage in the family, as he had observed these deformities to follow it. Dr. Livingston was not aware of there having been any. The delivery of this fœtus was invested with some interest, and the Dr. related it thus: At 2 P. M., on Monday, he was summoned to the mother, who had suffered the pains of labor since nine o'clock that morning. Upon his arrival the pains were severe, the abdomen much distended, os uteri dilated about two and a half inches, and through it protruded into the vagina a large bag of waters, which prevented the presentation from being recognized. He soon ruptured the membranes, and a pailful of fluid was discharged, which caused great faintness in the woman, from which she did not fully recover for half an hour; the pains which then came on were weak, but the head soon came down, and the right ear could be distinctly felt as the presenting point. He now endeavored, by manipulation, to produce a vertex presentation, but failed to do so, and the head descended in this way until the chin came under the pubis, when the face was found to present; the delivery then proceeded with some difficulty. The child being detached, he made a vaginal examination, and found the placenta nearly out of the vulva, but above it discovered a round, hard tumor, to which the membranes (but not the placenta) adhered, and which, upon being irritated, was observed to contract; this was soon determined to be the uterus, which was in a state of inversion. Peeling off the membranes he grasped the tumor firmly in his hand, and making firm concentric pressure at the same time that he pushed it upwards,

he was soon enabled to restore the organ to its normal position, which, after all, progressed favorably.

Rupture of Vena Cava.—Dr. Minor presented a specimen showing a *rupture* in the *vena cava ascendens*, about half an inch above the iliac bifurcation, of which the history is as follows: Dr. Cochran, of Brooklyn, was suddenly called on the 27th of November to a woman in the 5th month of pregnancy, who, while dancing at a ball, had suddenly fallen to the floor and expired. A *post-mortem* examination was held, and revealed the lesion just mentioned. Into the peritoneum had escaped about a basinful of blood, which had formed into clots. Dr. M. regarded the case as very rare, and thought that very few of a similar nature were on record.

False Membrane from Rectum.—Dr. Hutchinson showed a *tube* of *false membrane* ten inches in length, which had been passed from the *rectum* by a patient laboring under an attack of dysentery, which presented nothing in its symptoms worthy of special note. From the time of the casting off of this tube, the patient had improved. Dr. Clark had suggested that instead of false membrane it might be a portion of the intestine itself which had sloughed from intussusception, and Dr. Sayre mentioned a case of which he was cognizant confirmatory of this view. Dr. Clark had never seen false membrane expelled in dysentery similar to that before him, but had repeatedly seen shreds of false membrane cast off, in which organization was less advanced, and in this connection he showed a quantity of false membrane cast off by a lady forty-eight years of age, who appeared to possess within her an exhaustless manufactory of the material, which was expelled irregularly at monthly or semi-monthly intervals. Examined under the microscope, cells are seen in it, held together by a hyaline membrane; some of the cells are elongated, as if in the process of forming fibres, and probably if retained for a sufficient length of time in the intestines would do so.

Nævus in the Sole of the Foot.—Dr. Markoe showed a *foot* in which the vessels were injected so as to make evident the existence of *extensive nævus* in the sole. All the veins, and the anterior tibial artery were much enlarged; the posterior remaining of normal size. The patient from whom the part had been removed was a young German, who entered the N. Y. Hospital with a callous ulcer on the sole of the foot of five months' standing. Upon admission, he was submitted to the most approved method of treatment for ulcers, but without any improvement. Suddenly the ulcer began to bleed, but the hemorrhage soon ceased; in a short time, however, it recurred, and continued to do so at intervals until operation was resorted to. So serious was this hemorrhage that Dr. M. once saw it flowing in a stream as large as a crow quill. These developments in the case, at first regarded as of no peculiar interest, incited closer investigation when it was found that the disease was characterized, 1st, by a fulness of the plantar region which the patient asserted had existed for a long time, and which was diminished by pressure upon the arteries above; 2d, by a blueness and tenderness of the integuments, and a peculiar boggy feel upon the touch; and 3d, by a thrill which was evident to firm pressure, and could be checked by stopping the arterial

circulation at any point above. For the cure of the case exsection had been proposed, but as soon as the true nature of the disease was appreciated, it was rejected; ligature of arteries was then proposed, but rejected, 1st, because the general enlargements of the vessels would have called for ligature of the popliteal or femoral arteries, and 2d, because experience has proved that ligatures of arteries for this affection in the extremities is far less successful than on the face. Amputation, then, was the only resort, and was accordingly performed.

Cerebro-Spinal Meningitis.—Dr. Clark presented the *brain* and its *membranes*, with the portion of the *spinal cord* of a woman who died of *cerebro-spinal meningitis*, in the Marine Hospital, Staten Island. The specimen, together with a history of the case, was sent by Dr. Elisha Harris, the resident physician, of whose notes the following is a summary. On the 15th of November, an unmarried German woman, aged 23 years, of leuco-phlegmatic temperament, and of previous good habits, was admitted to the hospital with acute articular and muscular rheumatism. Her countenance was observed to wear a peculiar expression (which in the notes is described as "drunken"), and the surface of the body was œdematous. She complained of no headache, the intellect was clear, and the pulse only 88, but quick and full; the secretions were scanty; urine free from albumen or other abnormal constituent. The treatment adopted was that of rheumatism, viz: acetate of potash, ℥j every fourth hour, with alkaline and opiate lotions to the joints. This was continued up to the sixth day, when the patient's countenance becoming more drunken, the mind more languid, and the bowels relaxed, it was deemed advisable to direct attention to the nervous system, although the diagnosis of the disease was as yet only surmised, accordingly opium gr. j, and quinine gr. iij, were administered every fourth hour. On the 8th day spasmodic contraction occurred in all the flexors of the extremities, and intense pain existed upon pressure along the spinal column throughout its whole extent. Ordered cups along the spine, and continue opium and quinine. On the ninth day all the symptoms became aggravated, and the urine and feces passed involuntarily. On the tenth day she sank into collapse and died comatose.

At the autopsy there was discovered fluid under the meninges of the cord throughout its whole extent; the meningeal covering of the medulla was injected in spots, more especially so at the level of the last cervical, and four upper dorsal vertebræ, where fibrinous exudation and considerable extravasation from the vessels were likewise observed. At the base of the brain were about one ounce of serum, and some exudation of fibrinous material. The heart was fatty and much enlarged, its weight being estimated at ten pounds. Of the kidneys, the Dr. says they "were inadvertently returned to the coffin unexamined. It is not presumed that they were diseased unless degenerated like the liver."

MEDICAL SOCIETIES.

Art. VI.—*Forty-Ninth Annual Meeting of the Medical Society of the State of New York.*

The Society met in the Common Council Chamber, at Albany, Tuesday, Feb. 5, at 10 o'clock A. M.

A large number of permanent members and delegates were present.

The President of the Society, Dr. Frank H. Hamilton, of Buffalo, called the Society to order, and read his Inaugural Address.

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President's Inaugural Address.—Gentlemen: During the year that has passed, nothing unusual has marked the progress of medical science in our State, yet we believe it has been steady and uninterrupted. Our medical colleges continue to sustain a respectable position. The number of students at present in attendance is not ascertained, but it is not known that there has been any diminution in numbers since last year, nor abatement in the standard of requirements for the degree of Doctor in Medicine, or in the zeal and industry of the respective teachers.

Journals.—There are now published in the State six medical journals: *The New York Journal of Medicine and the Collateral Sciences; The American Medical Gazette and Journal of Health; The American Medical Monthly; The New York Medical Times*, all of which are issued in the city of New York. *Nelson's American Lancet and Weekly Journal of Medicine*, and the *Buffalo Medical Journal and Monthly Review of Medical and Surgical Science.*

Medical Associations.—The most distinguishing feature, however, of the period, and that which we think contributes very largely to the diffusion and progress of medical science among us is, the existence in several of our larger cities, and in some parts of the country districts, of Voluntary Medical Associations, which are independent entirely of the County or State Societies. Of these I should notice especially the "New York Pathological Society," which meets regularly on the second and fourth Wednesdays of each month. "The New York Society of Statistical Medicine." "The Medical Association of Southern Central New York," comprising the counties of Cortland, Tioga, Tompkins, Chemung, and Broome, the transactions of which Association are published annually in a pamphlet of about one hundred pages. And the "Buffalo Medical Association," whose transactions are published regularly in the Buffalo *Medical Journal.* From all these sources there are published annually about 4,500 pages medical matter, of which it is estimated that 3,500 are original. We have not included in this enumeration the contributions annually made by physicians of this State to other medical journals out of the State; nor their contributions to the National Medical Association, which, together, are not inconsiderable.

Nor do we deem it improper that, while we mention the fact, we should express our just pride, that of the six prizes taken by the different competitors in the National Association, two have been taken by citizens of this State. The first by Austin Flint, M. D., of Buffalo, for a paper entitled "On the Variations of Pitch in Percussion and Respiratory Sounds, and their applications to Physical Diagnosis," published in the *Transactions* for 1852. The second by James D. Trask, M. D., of White Plains, on the "Statistics of Placenta Prævia," and published in the *Transactions* for 1855. Dr. Flint has

also now in press, and nearly ready for publication, an elaborate and entirely original treatise on Auscultation, consisting of 600 pages, octavo, which will, we have no doubt, add new honors to his already distinguished name.

Medical Literature of the Year.—Dr. Charles A. Lee continues to edit the American republication of J. Copland's *Dictionary of Practical Medicine.* The republication has reached the third volume, which is now in progress. The copious and well-digested notes of Dr. Lee, whose reputation as a medical scholar is unrivalled, have added greatly to its original value.

The following medical and surgical books have been published during the year: *Clinical Lectures on Diseases of Women and Children,* by Gunning S. Bedford, M. D. *Illustrated Manual of Operative Surgery and Surgical Anatomy,* by MM. Ch. Bernard, D. M. P., and Ch. Huette, edited with notes and additions, illustrated with steel engravings, drawings after nature. Besides the several sanitary reports, the annual report of the New York State Lunatic Asylum and various small monographs, &c., all of which, together, must swell the number of original pages published by medical men of our State during the year to at least 6,000 pages.

Since our last meeting, one member of this Society, T. Romeyn Beck, has died. Before our deliberations close, you will no doubt take suitable notice of this painful event. It will be my pleasure, also, to speak of his life and character, more particularly in my annual address.

The Address was referred to the Committee of Publication.

Dr. Blatchford, from the Select Committee, read a paper on the subject of "Rest and the Abolition of Pain in the Treatment of Disease." The paper was referred to the Committee of Publication.

Dr. Howard Townsend read a paper on "Malignant Pustule and Scrofulous Gangrene." Dr. Goodsell spoke confirmatory of the views taken by Dr. Townsend in his paper, corroborating them by an interesting account of some cases which had occurred in his own practice, and fortunately with a more favorable termination. Referred to Committee of Publication.

The President appointed a committee to invite the members of the Medical Committees of the Legislature to take seats as honorary members during the session of the Society.

Several medical gentlemen who were present, were invited to take seats as honorary members.

The death of Dr. Ebenezer Steele, of Delhi, Delaware County, member of the Society, was announced by letter from Dr. Jacobs. He died Dec. 3, 1855, aged 62 years.

Dr. James L. Phelps, of New York, read a paper on "Mental and Moral Influences in Medicine." The paper was referred to a Select Committee.

Dr. Goodsell read a paper on "Fœtation." Referred to Committee of Publication.

The Treasurer, Dr. Van O'Linda, presented his annual report.

Dr. Howard Townsend invited the members of the Society to visit him at his residence, No. 15 Elk Street, on Wednesday evening, at 9 o'clock.

Dr. Bay offered the following:—

Resolved, That the Secretary be requested to invite both branches of the Legislature to attend the meeting of the Society on Wednesday evening, in the Assembly Chamber, to hear the annual address of the President, Dr. Hamilton. Subject—*Life and Character of the late T. Romeyn Beck, M. D., LL. D.*

AFTERNOON SESSION—3 P. M.

The minutes of the morning session were approved.

Dr. STAATS gave an account of a case of smallpox which occurred in his practice, the disease developing itself some six weeks after exposure to contagion.

Dr. FISHER, of Sing Sing, read a communication regarding a case of chronic nephritis, in which the left kidney was entirely absorbed. Referred to Committee of Publication.

Dr. SAUNDERS, from Committee to Investigate Charges against Hobert Free College, &c., made a report, relating to said investigation. The report was accepted, and referred to the Committee of Publication.

Dr. ARMSBY repeated the invitation of the Governors of the Albany Hospital to the members of the Society, soliciting them to accept the hospitalities of the Governors of the Hospital this evening.

Dr. A. L. SAUNDERS, from Select Committee, read a report on the treatment of pneumonia.

Dr. GOODRICH remarked, on the treatment of pneumonia, verifying Dr. Rush's assertion, made many years ago, that the time would come when we, in our country, would not bleed heroically in the treatment of this disease, and he had lived to see the fulfilment of Dr. Rush's prophecy.

Dr. BLAIR, of Rome, spoke of the change in the inflammatory diseases since 1807, when he commenced practice. Cases do not occur now, as then, requiring the use of the lancet.

The report of Dr. Saunders was accepted.

The Society adjourned to meet at 8 o'clock, at the City Hospital.

SECOND DAY.

The Society was called to order by the President, Dr. HAMILTON. The minutes of yesterday were read and approved.

Dr. COVENTRY, from a Select Committee, read an interesting paper on "Tuberculosis," its causes and treatment, and suggested means for its prevention.

Dr. VAN BUREN read a biographical sketch of Dr. Thomas Broadhead, a physician who stood among the distinguished men of Columbia County. He had considerable reputation as a surgeon, and was popular and pre-eminent as a physician. He commenced practice in 1790, and died in 1830, at the age of 65 years.

Dr. MARCH read a paper on "Encysted Tumors," and related cases which had come under his observation. He gave an account of one case, where the tumor was within the lower jaw, and exhibited the half of the jaw which he removed, in order to remove the whole of the tumor. Referred to Committee of Publication.

Dr. COVENTRY offered the following resolutions, which were adopted:—

Resolved, That the Society have heard with regret of the death of their former associate, Dr. Henry Mitchell, a permanent member of the Society, who was long distinguished for his skill as a surgeon, his energy and decision of character, and his undeviating firmness in sustaining the honor and dignity of the medical profession.

Resolved, That Dr. Augustus Willard be appointed to prepare a biographical sketch of Dr. Mitchell for the Society at its next meeting.

Resolved, That a copy of these resolutions be sent to the family of Dr. Mitchell.

Dr. GOODRICH presented the following, which was also adopted:—

Whereas, The next meeting of the Society, on the first Tuesday of February, 1857, will be the Fiftieth Anniversary of its organization; therefore,

Resolved, That the Committee Minora make the necessary arrangements for celebrating, in a suitable manner, an event so important in the annals of the Society as its semi-centennial meeting.

Adjourned.

AFTERNOON SESSION.

The minutes of the morning were approved.

Dr. BRINSMADE offered resolutions relative to procuring statistics of diseases throughout the State.

Dr. ORTON, of Broome County, offered as a substitute similar resolutions.

They were at length referred to a Select Committee, consisting of Drs. Brinsmade, Orton, and Saunders.

The hour having arrived, the Society proceeded to the election of officers, with the following result:—

President.—Alden March, of Albany.

Vice-President.—Chas. S. J. Goodrich, Brooklyn.

Secretary.—Howard Townsend, Albany.

Treasurer.—John V. P. Quackenbush, Albany.

Censors.—Southern District—Drs. P. Van Buren, Foster, Rockwell; Middle District—Drs. McCall, Willard, Burr; Western District—Drs. Thompson, Stearns, Burwell; Eastern District—Drs. Staats, Brinsmade, McNaughton.

Committee of Correspondence.—First District—Dr. Alonzo Clark; Second—Dr. Thomas W. Blatchford; Third—Dr. John H. Wheeler; Fourth—Dr. Hiram Corliss; Fifth—Dr. Guiteau; Sixth—Dr. J. G. Orton; Seventh—Dr. J. Kneeland; Eighth—Dr. Jas. P. White.

The following were elected permanent members: First District—Drs. James L. Phelps, Horace Green; Second—Drs. John Demarest, D. C. Winfield; Third—Drs. Howard Townsend, Elbridge Simpson; Fourth—Drs. Jacob G. Snell, Abram Hawn; Fifth—Drs. D. P. Bissell, Peter McNaughton; Sixth—Drs. John G. Orton, Jotham Purdy; Seventh—Drs. J. V. Kendall, J. P. Dunlap; Eighth—Dr. Fred. F. Backus, Dr. Armstrong.

Honorary Members.—Drs. Samuel K. Gross, Charles Hooker, Connecticut.

Committee of Publication.—Drs. McNaughton, Hunt, Townsend.

The following gentlemen were nominated for Honorary Members: Dr. N. D. Benedict, of Florida; Dr. Hunter, of London; Dr. Isaac Goodsell, of Connecticut.

Delegates to American Medical Association.—Drs. Thomas Spencer, Howard Townsend, Thos. W. Blatchford, Sam'l Shumway, Geo. W. Bradford, Frank H. Hamilton, Simeon Snow, Alden March, Brinsmade, Coventry.

Dr. FISHER, of Sing Sing, presented the following, which was unanimously adopted:—

Whereas, Prof. Theodoric Romeyn Beck, of the city of Albany, who for thirty-nine years has been a prominent member of this Society, and for seve-

ral terms the distinguished President of the same, whose *Transactions*, from its origin to the present time, have been enriched by his erudite communications, its members encouraged by his noble example, and that, since our last meeting, has, after a long illness, been removed by death; therefore,

Resolved, That in the death of Dr. T. R. Beck, the State Medical Society has lost one of its most valuable members, the Faculty of the Albany College one of their main pillars of strength, the medical profession of the State of New York, of the United States, and of the world at large, one of the most devoted, indefatigable, and earnest promoters of medical science.

Resolved, That the Deaf, the Dumb, the Insane, have lost their most faithful friend; the cause of education, and the public generally, one of its greatest benefactors.

Resolved, That we feel deeply this dispensation of Divine Providence, and sympathize profoundly with his family and friends in their greatest affliction.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased.

Dr. KNEELAND presented the following:—

Resolved, That the thanks of this Society are due to Dr. Van O'Linda, for the faithful manner in which he has for so many years served as an officer of the Society, and that the Society regrets that from ill health he declines to continue in office.

Resolved, That a copy of this resolution be sent to Dr. Van O'Linda.

The Society adjourned, to meet at 7 o'clock, to hear Dr. Hamilton's address.

The Society met at 7½ o'clock, and proceeded to the Capitol, where the President of the Society, Dr. Frank H. Hamilton, delivered the Annual Address, the subject of which was, "Life and Character of Theodoric Romeyn Beck, M. D., LL. D."

Dr. GOODRICH presented the following, which was adopted:—

Resolved, That the thanks of the Society are eminently due, and are hereby tendered, to the President, Dr. Hamilton, for his interesting and truthful delineation of the Life and Character of the late Dr. Beck, and that he be requested to furnish a copy to the Committee of Publication for the *Transactions* of the Society.

The address occupied over an hour, and was listened to with great interest by a large audience.

THIRD AND LAST DAY.

The Society met at 10 o'clock A. M. The minutes of the preceding session were read and approved.

A communication was received from Dr. H. M. CONGER, which was accepted, and the Committee of which he is Chairman was directed to be continued.

The following gentlemen were elected to be recommended to the Regents of the University for the Honorary Degree of Doctor in Medicine: Hiram Adams, of Onondaga County; Silas West, of Binghampton; Samuel J. Swaim, of Brooklyn; Medina Preston, of Oneida County.

Dr. BRINSMADE, from the Committee relative to procuring vital statistics, reported in favor of arranging blanks, with diseases classified, to be sent to Secretaries of the several County Societies, for their members. The Committee will at an early day prepare a suitable form for the Publishing Committee.

By Dr. DERING:—

Whereas, We as members of the medical profession are almost daily com-

pelled to realize the inadequacy of our public as well as private asylums for the insane, to accommodate large numbers of those who should at any time be able to find access therein: and

Whereas, This inadequacy deprives recent cases of insanity of the most certain, and often of the only hope of recovery; therefore,

Resolved, That we deem it our duty, not only as guardians of the health of those committed to our care, but also as members of a Christian community, to make known our opinion on this subject, and in the name of suffering humanity, to call upon our Legislators not to delay to furnish for this most afflicted portion of their fellow-beings additional accommodation, absolutely necessary for their restoration.

A Committee, consisting of Drs. McNaughton, March, Staats, and Saunders, was appointed to confer with the Committee of the Legislature on this subject.

Dr. SAUNDERS offered the following, which was adopted:—

Resolved, That the Committee of Publication be directed to procure of the owner of the engraving of Dr. Beck, a sufficient number of copies to supply all the copies of the present volume of the *Transactions*.

The Society accepted the invitation of the Local Committee to attend the meeting of the American Association for the Advancement of Science, to be held in Albany during the third week of August next.

A resolution by Dr. BLATCHFORD was adopted, by which a change shall be made in the by-laws, in order to facilitate the election of honorary and permanent members.

On motion of Dr. ARMSBY, a Special Committee of nine was appointed to make arrangements for the celebration of the semi-centennial meeting of the Society.

The following constitute the Committee: Drs. Armsby, P. McNaughton, Hun, Townsend, Cogswell, Staats, Quackenbush, Willard, Vanderpool.

A resolution was adopted, inviting the members of the American Medical Association to attend the semi-centennial celebration of the Society.

The Committees on Voluntary Communications, which have not reported, as also of the Senatorial Committees, were continued.

The Society then adjourned *sine die*.

[The following resolutions, offered by Dr. Peter Van Buren, were omitted in the above account.—ED. MED. AND SURG. REPORTER.]

Whereas, Since the last meeting of this society, an aged and highly respected member, Dr. John McClelland, has been taken from our midst by death, therefore,

Resolved, That a professional obituary of the deceased be prepared, and presented at the next annual meeting of this society.

Resolved, That Dr. Bates be requested to perform this duty.

Resolved, That a copy of these resolutions be presented to the surviving members of the family.

BIBLIOGRAPHICAL NOTICES.

ART. VII.—*The Action of Medicines on the System; or, "On the Mode in which Therapeutic Agents introduced into the Stomach produce their peculiar Effects on the Animal Economy."* Being the Prize Essay to which the Medical Society of London awarded the Fothergillian gold medal for MDCCCLII. By FREDERICK WILLIAM HEADLAND, &c. &c. Second American, from the second and enlarged London edition. Pp. 408. Philadelphia: Lindsay & Blakiston, 1856.

WE welcome a new edition of this excellent work. Many of our readers are undoubtedly acquainted with it, and those who are not, should immediately avail themselves of the opportunity of securing a copy. We believe we speak the sentiments of all who have read the book when we say that it is in every way a valuable one, both to the student and to the general practitioner. The therapeutical action of medicines, the various modifications through which they pass after being introduced into the system, until they exert their power on the diseased tissues, and the manner in which they ultimately operate, cannot, it is true, be perfectly known, while we are ignorant of the *chemical* changes which they undergo while passing through the different organs and tissues of the body. In the work before us, however, Mr. Headland presents this intricate subject in a learned and satisfactory manner—albeit his views may not altogether meet those of the extreme solidist—and all, whether solidist or fluidist, cannot fail to find the work a useful and instructive one. In this edition "the first and second chapters have been left unaltered, but some new articles will be found scattered through the third and fourth chapters, and some additional observations and experiments recorded in the same."

Mr. Headland adopts the following *classification of medicines which act after entering into the blood, according to their supposed modes of operation:*—

CLASS I. HÆMATICA.

Div. I. RESTAURANTIA.
- Ordo 1. Alimenta.
- Ordo 2. Acida.
- Ordo 3. Alkalia.
- Ordo 4. Tonica.
- Ordo 5. Chalybeata.
- Ordo 6. Solventia.

Div. II. CATALYTICA.
- Ordo 1. Antiphlogistica.
- Ordo 2. Antisyphilitica.
- Ordo 3. Antiscrofulosa.
- Ordo 4. Antiarthritica.
- Ordo 5. Antiscorbutica.
- Ordo 6. Antiperiodica.
- Ordo 7. Anticonvulsiva.
- Ordo 8. Antisquamosa.

CLASS II. NEUROTICA.

Div. I. STIMULANTIA.
- Ordo 1. Stimulantia generalia.
- Ordo 2. Stimulantia specifica.

Div. II. NARCOTICA.
- Ordo 1. Inebriantia.
- Ordo 2. Somnifera.
- Ordo 3. Deliriantia.

Div. II. SEDANTIA.
- Ordo 1. Sedantia generalia.
- Ordo 2. Sedantia specifica.

CLASS III. ASTRINGENTIA.
- Ordo 1. Astringentia mineralia.
- Ordo 2. Astringentia vegetabilia.

CLASS IV. ELIMINANTIA.
Ordo 1. Sialagoga.
Ordo 2. Expectorantia.
Ordo 3. Cathartica.
Ordo 4. Cholagoga.
Ordo 5. Diaphoretica.
Ordo 6. Diuretica.

It would be profitable to go into an extended review of so important a work, but our limits forbid. We trust that our readers will procure and examine it for themselves.

The British and Foreign Medico-Chirurgical Review.—This excellent review—the *only* medical review, we believe, in the English language—is republished in New York, by Samuel S. & Wm. Wood. Our readers will find it one of the most profitable and useful of the heavy journals. Published quarterly, at $3 00 per annum.

Ranking's Half-Yearly Abstract of the Medical Sciences.—This work, republished in Philadelphia, by Lindsay & Blakiston, gives a resumé of medical literature, both foreign and domestic. It is an excellent work, and well worthy a place on the table of the medical practitioner. Two dollars per annum, in advance.

EDITORIAL.

THE NECESSITY OF LAWS RESTRAINING THE SALE OF POISONS.

WHO, excepting under very unusual circumstances, ever heard of a savage being guilty of suicide, or of causing the death of another, except on the plea of enmity or of religion? It is true that, in these circumstances, he is prodigal of human life, the parent delivering up the child to death, and the child the parent, with a feeling akin to exultation, rather than to remorse. It remained for an age of enlightenment, and of luxury, consequent on civilization, to discover new motives for shortening life, and new means for carrying those motives into execution.

Time was when the administration of the bowl of poison was in compliance with the stern edict of a court of justice. But the growth of luxury has ripened in society the vices of envy, malice, jealousy, hatred, and covetousness, until murder, in all its forms, has become a crime of almost daily occurrence, while the facilities for taking human life are constantly increasing, and the last and best plan of doing it, with the least likelihood of detection, is made a subject of common debate.

Circumstances that have recently occurred in England lead us to that country now for illustrations of the lamentable state of society depicted above, though we, as a nation, are very far from being guiltless. Late English papers have been filled with accounts of the most horrible murders, and series of murders, committed through the agency of poisons, chiefly for mercenary motives. At the Durham winter assizes, in December last, a man of respectable standing in society is put upon his trial, charged with having poisoned his wife by the long-continued administration of small doses of arsenic, and though the crime was not proved upon the husband, the fact of slow poisoning was evident, the whole affair being wrapped in the most profound mystery. In Manchester, three men, one of them a surgeon, are tried on the charge of poisoning an old man, *father of one of the prisoners*, for the sake of obtaining the miserable pittance of three

hundred pounds, for which sum his life was insured! Again, an inquest was recently held at Ancoats, on the bodies of two children, who were suspected of having been *poisoned by their parents*, that they might receive the sum of *ten pounds* from a burial club, in which the names of the children were enrolled! But, finally, and if anything, more horrible than any in this black catalogue of crime, are the Rugeley poisoning cases. William Palmer, a surgeon of very respectable connections, is tried and convicted of the crime of poisoning his own brother, while the circumstance strongly fastens upon him the suspicion of having poisoned his own wife, and an intimate friend, and he is still further suspected of having destroyed the lives of several other persons with whom he had had dealings! The object of these wholesale murders seems to have been twofold; first to release himself from money obligations to some with whom he had had dealings, chiefly in the way of betting, and secondly, to become possessed of the insurance money he had effected upon the lives of his wife, brother, and intimate friend!

This picture is a sad one, though we have reason to believe that it is all true. Does not such a state of things demand that a restraint be put upon the indiscriminate sale of poisons? Ought not the arm of the law to be thrown over these dangerous agents, forbidding their being dealt out except by order of a physician or magistrate? If men will commit murder and suicide, let it be as difficult as possible for them to procure the means of doing so. Lastly, let *alcoholic beverages* be included in the category of poisons.

TRANSACTIONS OF MEDICAL SOCIETIES.

In this number we publish the Transactions of the Medical Society of this State, with the exception of two papers which were published in the February number. We would call the special attention of our readers to the address of the President, which presents the claims of an important and much neglected branch of medical science. The report of the Standing Committee, and the accompanying papers, are also well worthy of attentive perusal.

We publish, also, the minutes of the Medical Society of the State of New York, which, we doubt not, will be of interest to all our readers.

☞ We call attention to our New York editorial correspondence. This department of the Reporter is in the hands of a prominent, high-minded, and efficient member of the profession in New York, and he will keep our readers well posted up on all medical matters of general interest, occurring in that city. Arrangements will soon be made by which Philadelphia will be represented in a similar manner, as we are determined to spare no pains to make the REPORTER interesting and useful to the greatest number of readers in all parts of the country. When we have room, we shall furnish hospital reports from both New York and Philadelphia.

☞ We have received the second number of *The Stethoscope and Reporter*, published at Richmond, in opposition to the combined *Stethoscope and Virginia Medical and Surgical Journal*. With the quarrel between Ritchie & Dunnavant and Drs. Wilson & Lewis we desire to take no active part, though we confess that, for various reasons, our sympathies are decidedly with the former. There are too many medical journals published, and we were glad to see the work of consolidation begin in good earnest. We hope that it will go on, all over the country. Virginia cannot sustain more than one efficient medical journal, and we think that Drs. Wilson and Lewis will ultimately find that out. We decidedly object to the name of the new journal, particularly as it encroaches upon our own right. It is not right to cause a confusion of names in such an important work as a medical periodical. Aside from this encroachment upon the rights of others, the *Stethoscope and Reporter* appears well, and, we trust, will become a useful journal, *under another name.*

By a late act of Congress, surgeons in the army have the rank of majors, and assistant surgeons the rank of captains. Their pay, however, is, as it should be, more than that of the officers with whom they rank. Thus, staff majors receive $141, and line majors $129 per month, while surgeons receive $165. Staff captains receive $98 50, and line captains $79 50 per month, while assistant surgeons receive $122 50. Great pains is taken to secure the best surgical talent for the army and navy, and the country should pay liberally for it. Is nothing going to be done

to place the surgeons in the navy on a better footing in respect to rank, than they now occupy?

There are, as we learn from the *Medical Counsellor*, twenty-six physicians in the legislature of the State of Ohio; quite enough to *purge* her statute books of bad and unconstitutional laws, as well as to exert an influence in the adoption of sound sanitary regulations in the State.

NEW AND VALUABLE MEDICINES.

We have heard of printers turning quack doctors, and have no doubt that shrewd newspaper reporters might "turn a penny" to better account by getting up and vending proprietary medicines—provided they keep clear of quack medicine brokers—than by the arduous toil connected with their vocation. Mr. "Items," of the New York *Daily Times*, may not speak by the card, in the following *jeux d'esprit*, but they look very like "confessions."

VALUABLE MEDICINE.

A Yankee doctor has contrived to extract from sausages a powerful tonic, which, he says, contains the whole strength of the original *bark;* he calls it the "Sulphate of Canine!" He anticipates a great popularity for it in New York city.—*Worcester Transcript.*

Dr. Gassem is the New York general agent for this beautiful medicine. He takes a smashing store on Broadway, next week, and means to have the whole front covered with an allegorical painting of the "Canine" taking hydra-headed disease by the throat. He means to advertise in the largest dailies, as they say in the country, "to kill;" and will start two secular monthlies, and one religious paper to write it up. The clergy he will supply gratuitously with bottles. He has engaged several Irishmen to meet severe accidents, and to be carried into his store for relief, and suborned the police on that beat to inform the reporters of the fact. Dr. Gassem's wife will wear the largest hoop and the smallest bonnet in town. His carriage will attend a Fifth Avenue church, and a lawsuit touching the right to vend the article will be entered in February. So it will be seen that the popular methods of getting the "Canine" before the public have all been secured. If anybody has city lots to sell, the doctor will be a good customer a year hence.

A RARE BLESSING.

New York, Monday, Jan. 21, 1856.

To the Editor of the New York Daily Times:—

I call upon you as a friend of humanity, to give place to the following information in the columns of your invaluable paper, *pro bono publico.*

I am the inventor of a *new kind* of medicine which will cure *every disease* by operating on the *nervous fluid* and the *cords.* This, it will be perceived, differs from Dr. Brandreth's Pills, and reaches far beyond them, as his medicine operates merely on the blood, leaving surgical matters entirely out of the question; while my medicine works in a double sense, medical and surgical. I do not deem it expedient, at present, to state *how* my *Nervine* acts in setting dislocated bones, &c., by its constricturing determinability upon the cords, muscles, &c., of the body; but shall leave any further statements

until I shall have filed a caveat; and in the mean time it sufficeth to say, that I have discovered in one of our common plants, growing indigenously in our cornfields, the most stupendous and transcendent medicinal qualities, and which will cure all kinds of disease almost spontaneously.

I have made a medicine from this plant, and conducted some experiments with it, and the following is the result:—

One bottle will cure a common pathology!
One to one and a half will cure diagnosis prognosticus!
One to three will cure *habeas corpus*.
One to four will cure swelled head!
Four bottles will cure thunder humor!
Six to eight bottles will cure consumption, even if the lungs are gone!
And nine bottles will cure aurora borealis!
To cure a broken bone, wash the parts well with the medicine.
A sprain is cured by rubbing the empty bottle over the part affected.

U. B. GASID, M. D.

P. S. My laboratory and wholesale warerooms are in Hartford, Conn.; also my residence. Persons wishing my medicine will address accordingly. Price $1 per bottle; to the clergy half price.

EDITORIAL CORRESPONDENCE.

New York, February, 1856.

Mr. Editor: In endeavoring to keep you advised from time to time of the condition of professional affairs in this city, I should commit a serious oversight did I not allude, occasionally, to one of the most interesting medical institutions in the country, which holds monthly sessions here.

The New York Academy of Medicine

Is doubtless the most numerous medical body in America, while the free, easy, and independent tone which pervades all its discussions, and the ability which characterizes the papers submitted to it, and the criticisms thereon, render it exceedingly popular, and draw abundant attendance to its meetings. Its organization is based very much upon the plan of the famous French Academy, and it is becoming well known among the citizens at large, to whom its dignity, its scrupulous adherence to all the proprieties of professional life, and its disinterested devotion to the advancement of pure science, strongly commend it, and are giving it a rapidly increasing influence. These remarks are incited by my having been an exceedingly interested listener to its proceedings at its last meeting on the 6th inst. It was the occasion of the retirement of the late President, the venerable Dr. Jno. W. Francis (an excellent engraving of whom embellishes your January number), and the installation of his successor, Prof. Willard Parker. It was a truly refreshing season to all who had the good fortune to be present. The address of the retiring president was extemporaneous, and delivered with the eloquent pathos and vigor which characterizes all that gentleman's speeches, and elicited the ap-

plause of the auditory. The incoming president, after formally accepting from the hands of his predecessor, a copy of the constitution and laws of the Academy, with an injunction to preserve them inviolate and untarnished, proceeded to deliver from manuscript his inaugural. It alluded, among other topics, briefly, but strongly, to the improvements which medical science has effected in prolonging human life (asserting, if I recollect aright, that its average duration had increased, in latter times, 25 per cent.), and specified many particulars in which great advancement has been recently made, as encouragements to all to persevere in the cultivation of one of the noblest of sciences. A strong appeal was made to the Academy to endeavor to procure a suitable edifice for the accommodation of its meetings, and where a suitable library and museum might also be gathered. This appeal met with a favorable response. A small fund for this purpose is already in the possession of the academy, and as the subject was referred to a special committee of active men, there is a good prospect of a "local habitation" as well as a "name" soon being the property of the Institution.

Subsequently to these proceedings, an account of an interesting surgical case of ligature of the femoral artery was read by the new Asst. Secretary, Dr. Holcomb, which elicited an animated discussion. The paper will probably be published.

The subject of the public sanitary affairs of the city then came up, in the form of a preamble and resolutions, declaratory of the propriety and consistency of requiring medical offices to be filled by medical men, and approving the efforts of Mayor Wood to effect reformation in matters pertaining to the public health. It may seem curious to you that there should be, at this day, any reason for the utterance of a principle so plain, apparently, as this. But the reason lies in the fact that the administration of our public sanitary affairs is, at present, and has been for many years past, confided entirely to the hands of non-medical men, a large proportion of whom are said to be possessed of only a very moderate, common education. This certainly does not speak well for the public intelligence. The academy directed a memorial to the State Legislature to be prepared, setting forth these evils, and asking for a law requiring the appointment of medical men only to those important duties.

The meetings of the Academy are held on the first Wednesday of every month, in the New York University. At the last meeting, Dr. D. B. Reid, the famous chemist and ventilator of the Houses of Parliament, sat an attentive listener to all the proceedings.

The Consumption Hospital

Is the title of another eleemosynary institution, to be added to the already long drawn list of charities of this metropolis. A charter has been granted by the legislature, which places the institution upon a *State footing*, by which I mean, it is not a society or company affair, and stands in a position similar to the State Lunatic and Idiot Asylums. Its Board of Trustees embraces some of the most substantial and enterprising of the New Yorkers. They

have recently issued an appeal for pecuniary aid, in which they declare their intention, if enabled by funds, to erect such a hospital as will be an honor to the city, and provide it with all the modern appliances, both of medicinal and hygienic treatment. Appended to it would be a *Sanitarium*, an area, and arrangement of grounds sufficient to afford abundant means and variety of out-door exercise, such as riding, walking, or light labor at mechanical and agricultural employment, and every proper resource for the gratification of the senses, and free from every possible atmospheric contamination. "About 6,000 persons died in this city, in 1855, from diseases of the lungs and air-passages, 1,500 of whom met their fate in public institutions," says the appeal; and probably, from the poor accommodations presented in most of them for this class of patients, they met their fate sooner than if they had remained out. One can hardly conceive an idea of the extent to which this class of disorders prevails, until we see in print such statements as the following, taken from the same document. "From the best obtainable data, it is estimated that the number of persons afflicted with diseases of the chest, who apply for medical aid at the five public dispensaries, is about 18,200 per annum." Here, certainly, is "ample space and verge enough," both in fact and in reason, for the establishment of such an institution, and it is to be hoped that the Trustees will persevere in their laudable efforts in so praiseworthy a cause. I am told that the thought of erecting "Consumption Hospitals" originated with Dr. Alexander Jones, who, though a graduate in medicine, has long ago abandoned the practice, on account of his health, and other causes, and is now dedicating no little amount of energy and industry to the accomplishment of this object. Every humane person must rejoice in the effort, with many an aspiration that the worthy gentleman will live to see his favorite scheme in full and successful operation.

Hospital for Women—Dr. Sims.

Your readers are all doubtless well aware of the boon which has been conferred upon suffering female humanity, by the new method of operating in vesico-vaginal, and recto-vaginal fistulæ, the result of the industry and inventive genius of our countryman, Dr. J. M. Sims, late of Alabama. Dr. Sims settled in this city some three years ago, and devoting himself exclusively to that range of practice, he soon elicited the warm sympathies of a number of benevolent people, ladies especially, on behalf of those afflicted with this heretofore incurable and terrible evil. The result has been the establishment of an Infirmary for the poor of this class of patients, which is denominated the "Women's Hospital," the first anniversary of which was celebrated this month, when, to use the stereotyped newspaper phrase, "a large and intelligent assembly of ladies and gentlemen met." Dr. Francis presided, and was supported by a goodly number of distinguished medical and lay men. I quote, from a published report, the following synopsis of the proceedings:—

"After a prayer by the Rev. Dr. Gillette, Dr. Francis read an able address upon the subject of the Women's Hospital, which he stated was the only

institution of the kind in the world. Its establishment was suggested by the extraordinary success which had attended the efforts of Dr. J. Marion Sims, formerly of Montgomery, Alabama, but now of this city. In 1845, Dr. Sims became interested in the investigation of a class of cases with which women are afflicted, and, feeling sure of success, he built in Montgomery a private institution, collected all the cases of that character he could find from the country around, kept them at his own expense, and began a series of experiments founded on physiological and pathological science. Its operations failed. He was disappointed, but not disheartened, and it was four years of constant experimenting before a single case was cured. He operated over forty times on three patients. One obstacle after another was overcome, until the great operation was finally perfected in March, 1850. But the constant mental tension, great responsibility, and daily toil, had now undermined his health, and he was obliged to seek a change of climate in a higher latitude. Hence, fortunately for us, his location in New York. [Applause.] Here he received a warm welcome. On the 18th of May, 1854, he delivered an elaborate and lucid lecture before the medical profession, upon the subject of the establishment of a Women's Hospital. The profession took the matter into their own hands, and appointed a committee of organization, and, indorsed by the profession, Dr. Sims was enabled to secure the means from charitable men and women of this city to make a beginning of the enterprise. Prior to the discovery of Dr. Sims, surgery in Europe and America could do nothing with this large class of cases, and it was reserved for an American to make this discovery in medical art, which already ranks among the greatest in the nineteenth century. [Applause.] The Women's Hospital was the work of women for the benefit of women, and to the benevolent exertions of the ladies of New York City it owes its success. Its present accommodations were not sufficiently large for the demands made upon its managers for admittance, and it was to be hoped that its wants would meet with a prompt response from the State, the city, and also from private charity. As an evidence of its success, the President stated that cases which had been pronounced incurable at Guy's and St. Bartholomew's Hospitals, had been treated at the Women's Hospital of this city, and in every case operated upon, the cure was complete.

Dr. Mott made a brief address. He spoke in high terms of the successful achievement of Dr. Sims. He said that he had been familiar with the treatment of such cases, both in this country and Europe, and though the French practitioners had a great reputation, yet, while in Paris some years since, he had seen two of the leading surgeons there perform the operation in eight cases, in all of which they had failed of success. Better success had attended the efforts of the profession in this city. Some time since, when Dr. Sims located himself in New York, he had a difficult and complicated case under his notice, which he turned over to Dr. Sims. He was present when Dr. Sims performed the operation, and it was crowned with complete success. Such was the improvement made by Dr. Sims in the treatment of such cases, that it might be called almost a new mode of operating. It was an improvement calculated to do an incalculable amount of good. To Dr. Sims belonged all the honor of originality, and in all coming time he would have an enduring monument of his talent, his genius, and his philanthropy, in the gratitude of woman. [Applause.]

Dr. Alexander H. Stevens, in some brief remarks, fully substantiated the statements of Dr. Mott, and he stated that he knew of no discovery calculated to so largely benefit humanity, which had originated among us, with the single exception of the employment of ether in surgical cases.

Dr. Delafield also concurred in the remarks of the previous speaker.

The report of the Board of Managers was read by Dr. Sims. It contained the following facts of interest: On the 4th of May last, the Hospital located at No. 83 Madison Avenue was opened. It contains 40 beds, and is completely

furnished throughout. Everything necessary and advisable in the matter of diet is liberally provided. The benefits of the institution are offered to the poor free, though those who are able, are expected to pay for their board. Seventy-three cases have been received since the Hospital opened, and 24 of those, discharged perfectly cured. All cases now remaining in the Hospital are perfectly curable. [Applause.] The receipts of the institution have been $2,500 from the city, $2,561 from private subscriptions, and $285 from the patients. The expenses are about $500 per month.

The following resolutions, among others, were adopted:—

Resolved, That, in the opinion of this meeting, the eminent success which has attended the treatment of organic female diseases heretofore rarely curable, is a triumph both of science and humanity, the blessings of which, it is an imperative Christian duty to extend and make available.

Resolved, That the zealous labors of the benevolent ladies who have founded the Women's Hospital deserve, and should obtain, the earnest co-operation of the citizens of this metropolis.

Resolved, That this meeting tender their thanks to the members of the medical profession for their early sympathy and encouragement of this enterprise.

Thus is another star added to the diadem of man's and America's true glory. In the contemplation of them, I am reminded of the bold simile used by the celebrated Melville when preaching a sermon in favor of Guy's Hospital, in London: "Such institutions are like moral lightning-rods. When the wrath of God would descend upon man, they catch it, as it were, in the hand, and divert it harmless to the earth."

Truly yours,

J. GOTHAM, M. D.

METEOROLOGY.

Meteorological observations for January, made at the State Lunatic Asylum, Trenton, N. J. Latitude N. 40° 15′; Longitude E. 2° 12′ 51″.

JANUARY was an unusual month in all latitudes, but especially so in southern latitudes. While its cold is sometimes exceeded north of the parallel of this place, it is rarely or never exceeded south of it; but in all latitudes it was remarkable for its uniform intensity. At this place the coldest day was the 9th, the mercury, at sunrise, standing 8° below zero, which is an excess of 2° below anything recorded here for the last eight years, and the average temperature of that day was 2¾° below zero. The monthly average temperature was 26°, which was also an excess of 2° below any corresponding month recorded here in eight years; and from other records it appears there has not been so cold a January known, in this vicinity, for the last twenty years.

During the coldest days the barometer stood at 30 in.; the wind blowed briskly from the N. W. and W., and the sky was fair. The lowest point attained was 29.20 in., an occurrence simultaneous with rain, and a violent gale from the N. E.

The cold period seemed to have been inaugurated by a heavy snow on the 5th, which fell, on an average, to the depth of 11¼ in., and produced splendid sleighing for a couple of weeks, which was renewed by an addition of snow at the end of the month.

On the night immediately subsequent to this snow storm, the Delaware

closed, and continued so during the remainder of the month. This sudden and complete freezing over of all inland bodies of water, by retarding evaporation, and, consequently, impeding the process of cloud-making, is undoubtedly a principal cause of the comparatively large number of fair days, and the infrequency of rain and snow; and these effects have, in turn, become a cause of more or less efficiency in promoting the unrelenting cold by which the month was characterized, and thus the two causes reciprocating, they have been mutually sustained, the cold producing dryness, and the dryness reacting upon the cold. Hence we have no fog, and for once, no "January thaw."

Tubular View of Thermometrical and Barometrical Results.

		Maximum height.	Minimum height.	Mean height.	Maximum daily mean.	Minimum daily mean.	Maximum daily range.	Minimum daily range.	Mean daily range.	Monthly mean.
Therm'ter,	Sunrise,	13th ; 41°.	9th ; 8°.	25°.	3d ; 38½°.	9th ; 2½°.	7th ; 28°.	23th ; 2°.	11°.	26°.
	2 o'clock P. M.	19th ; 44°.	9th ; 2°.	31°.						
	Sunset.	3d ; 39°.	9th ; 3°.	27°.						
Barometer,	Sunrise,	24,5th and 26th 30.25 in.	13th ; 29.20 in.	29.83 in.			5th ; 45 inches.	Nothing 5 days.		29.503 inches.
	2 o'clock P. M.	4th ; 30.20 in.	13th ; 29.20 in.	29.79 in.						
	Sunset.	4th ; 30.20 in.	13th ; 29.20 in.	29.79 in.						

Prevailing Winds.	Rain and Melted Snow.			
	Date.	Inches.	Snow—in.	Wind.
N. W. prevailed 13 days . .	3d.	1.55		N. E.
W. " 10 " . .	5th.	.75	11.25	N. E.
N. E. " 5 " . .	13th.	.80		N. E.
N. " 2 " . .	27th.	.15	1.50	N. E.
	28th.	.30	3.50	N. E.

Amount of rain and melted snow 3.55 inches.
Clear sky prevailed 19 days.

The following table shows the comparative temperature of January for the last eight years:—

Year.	Maxima.	Minima.	Media.
1849	60°	-2°	33°
1850	59°	10°	37°
1851	61°	5°	37°
1852	48°	-6°	28°
1853	56°	8°	34°
1854	58°	-2°	44°
1855	65°	12°	36°
1856	44°	-8°	26°

Average temperature of the last eight Januaries was 34½ deg.

NECROLOGY.

Obituary Notice of the late Dr. Peebles.—Died in Petersburg, December 6th, 1855, in the 40th year of his age, JOHN FREDERICK PEEBLES, M. D.—Death has been indeed busy amongst us in the last few years, and the pages of this journal have too often recorded the loss of some worthy and valued friend. The aged man has gone to his tomb in the ripeness of his years; the young and ardent spirit has fallen like a hero in the midst of the pestilence. The mournful fate of Johnson is still before us, and the memory of Selden, Upshur, and Gooch, tells the sad tale of "dear friends untimely killed." But now the blow has fallen nearer home—our intimate associate and faithful friend has gone to his long account—our zealous adviser and colaborer in all the difficulties of the editorial life has left us in the midst of the struggle, and the earnest and enthusiastic lover of science sleeps quietly in his early grave.

There is no member of the profession in this State who has won for himself a more enviable reputation than the subject of this notice. A native of Dinwiddie County, Virginia, Dr. Peebles entered the profession about sixteen years ago, and offered his services as a practitioner of medicine to the inhabitants of Petersburg. His devotion to his calling, and accurate knowledge of the science, soon gained the respect of the entire community, whilst his genuine honesty and simplicity of character won the affections of all who knew him.

In spite of a rapidly increasing practice, Dr. Peebles has always been ready to contribute the results of his experience to the medical literature of the day. His various communications to the *American Journal of Medical Sciences*, the *Stethoscope*, the *Virginia Medical and Surgical Journal*, are marked by great correctness of judgment, and a rare felicity of expression. His admirable paper on Displacements of the Uterus, to which was awarded the Fiske Fund Prize, for the year 1853, is too well known to require any commendation at our hands, and he followed up this success by carrying off the prize offered by the Medical Society of Virginia, in the following year, which essay having been published in the *Stethoscope*, is familiar to our readers.

In April, 1854, Dr. Peebles became an associate editor of the *Virginia Medical and Surgical Journal*, and whilst his failing health and large and fatiguing practice prevented him from contributing regularly to the pages of that periodical, yet many of its best reviews are from his pen, all characterized by the peculiarly lucid style and accurate knowledge he has ever displayed in his literary efforts. His devotion to his profession has brought him to his premature grave, and he leaves behind him a whole community to deplore his loss.—*Virginia Medical Journal.*

SELECTION.

Chinoidine (Amorphous Quinia) as an Antiperiodic. By FREDERICK D. LENTE, M. D., Cold Spring, N. Y.—Mr. Editor: During the last summer I made a somewhat extensive trial with *chinoidine* as an antiperiodic, and have thought the result of my experiment of sufficient importance to merit a small space in your journal.

This agent has been for some time recommended and sold in the shops, but it seems to have gained little patronage as yet. I have used it during the past year, almost to the exclusion of quinine, in intermittent fever, and find that it possesses at least three advantages over the latter. First, and principally, on the score of economy, it being sold at fifty cents per ounce, a no mean advantage among the poorer classes. Second, because it produces none of the disagreeable head symptoms termed quininism, which symptoms I have found to deter some patients, especially among the higher classes, from using quinine; a matter of some importance in these days of Homœopathic delusion. Thirdly, because, being far less disagreeable to the taste than quinine, it can be administered with very little trouble to children.

I will not occupy your valuable space by introducing cases of so common and uninteresting a malady as "ague and fever;" but will only state that I have used the remedy in at least forty cases—for no account of the number was taken—of this disease during last summer, and did not fail promptly to arrest it in any case. Almost all of them, it is true, were mild and recent, generally applying to me after the second or third chill. But a few of them were more inveterate, and had already had quinine, the much-vaunted nostrum cholagogue, and other remedies; one of them running on for several weeks, and yet yielding to the chinoidine in a few days, and not relapsing. In none of the cases did head symptoms occur. One man was directed to take a pill containing three grains of chinoidine, every four hours. Instead of so doing, he took, by mistake, four pills every hour, or thirty-six grains in three hours, without the least unpleasant symptom, and with entire relief, for he never had another chill. In one of the cases, that of a nervous lady, quinine had already been given, and could not be borne in sufficient quantity to check the disease, on account of its producing violent head symptoms. A few pills of chinoidine were an effectual and pleasant substitute.

Among children, the remedy was used quite extensively, and acted remarkably well, never producing any disagreeable effects, and promptly arresting the paroxysms. In one instance it was given to a child six months old, to another three weeks, the mother having contracted the disease, and the child probably from her. It was administered to adults uniformly in the following manner: A pill composed of chinoidine three grains, dried sulphate of iron and capsicum, of each one grain, was directed to be taken every four hours, until the period of the expected paroxysm had passed by. If the paroxysm did not recur, one pill was given three times a day for one or two days, to prevent relapse; and if the disease had been at all protracted, the pills were continued for two or three days longer. For children, the chinoidine was mixed with sweetened mucilage, and a teaspoonful, containing from three-quarters of a grain to a grain and a half, according to age, given every four hours; the *minimum* dose being well borne by the youngest infant, and the *maximum* sufficing for a child five or six years of age. As the chinoidine is rather troublesome to form into a fluid mixture, it was found convenient, by the apothecary, to have an alcoholic solution ready at all times, containing half a drachm of the remedy to a drachm of alcohol, which is about the limit of its solubility. This solution will not mix with water or with watery mixtures, being immediately precipitated, but will readily mingle with thick mucilage. I have also used chinoidine as a tonic, especially among children; but have not, as yet, made up any decided opinion regarding its relative efficacy.—*N. Y. Medical Times.*

TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

MINUTES OF THE 90TH ANNUAL MEETING.

THE Ninetieth Annual Meeting of the Society was held at Trenton, January 22d, 1856, at 7 o'clock P. M.

The President, Dr. J. B. COLEMAN, called the Society to order.

Certificates of delegation were read and accepted, and the Society organized with the following members:—

OFFICERS.

President,	J. B. COLEMAN.
First Vice-President,	W. ELMER.
Second Vice-President,	R. M. COOPER.
Third Vice-President,	T. RYERSON.
Corresponding Secretary,	S. W. BUTLER.
Recording Secretary,	W. PIERSON.
Treasurer,	J. S. ENGLISH.

Standing Committee.—J. BLANE, R. BYINGTON, and A. S. CLARK.

DELEGATES.

Essex.—S. Wickes, E. D. G. Smith, C. Eyrich, and J. A. Corwin.

Morris.—H. P. Green, and N. W. Condict.

Bergen.—A. Hopper, W. H. Day, and C. Hasbrouck.

Sussex.—W. H. Linn, J. S. Hunt, C. V. Moore, and J. L. Allen.

Warren.—J. C. Johnson, and S. S. Clark.

Somerset.—L. H. Mosher, H. F. Vanderveer, S. K. Martin, and — Hunt.

Hunterdon.—J. F. Schenck, A. H. Koon, J. A. Gray, and I. S. Cramer.

Mercer.—C. Skelton, J. Woolverton, T. J. Corson, B. Hinchman, and J. McKelway.

Burlington.—H. H. Longstreet, R. H. Page, J. H. Pugh, and W. Cook.

Monmouth.—E. Taylor, J. Vought, J. T. Woodhull, and E. Arrowsmith.

Gloucester.—J. R. Sickler, H. C. Clark, S. T. Miller, and F. R. Graham.

FELLOWS PRESENT.

Doctors Schenck, Craig, Phillips, Dayton, Stratton, and Pennington.

The President addressed the Society upon the importance of a minute knowledge of Chemistry to the practice of Medicine. The thanks of the Society were voted, and a copy requested for publication.

Resolved, That the hour of dinner to-morrow be at 1 o'clock.

Society adjourned to 9 o'clock to-morrow.

January 23. Society met. Dr. Cooper, Second Vice-President, in the Chair. The Roll was called, and absentees noticed. The minutes of the preceding meeting were read and accepted.

The following were appointed Committees:—

Nominating Committee.—Sickler, Wickes, N. W. Condict, Hasbrouck, Johnson, Mosher, J. F. Schenck, Woolverton, Pugh, and Arrowsmith.

On Treasurer's Accounts.—Dayton, Sickler, and Pugh.

On Unfinished Business.—Craig, Condict, and Johnson.

Resolved, That Dr. Blane be invited to read the Essay prepared in reference to his application for the degree of M. D.; which being done, the Society proceeded to ballot on the application, and granted the degree.

The bill of State Gazette for printing memorial to Legislature, &c., was ordered to be paid, viz: $15.

The report of the Standing Committee by the Chairman, Dr. Blane, was read and accepted.

Resolved, That a Committee of three be appointed to confer with the medical gentlemen, members of the Legislature, in relation to changes and modifications of medical laws.

The following gentlemen were appointed: Doctors Dayton, Pennington, and McKelway, to whom the President, Dr. Coleman, was added by vote of the Society.

The Standing Committee submitted a supplementary report in relation to an irregularity of Doct. W. A. Newell; which was referred to the District Medical Society of Monmouth.

Communications by Dr. E. D. G. Smith, on Hydatids; by Dr. W. Pierson, a statistical report of Obstetrical practice, and by Dr. N. W. Condict, some interesting cases of Obstetrics were presented. The thanks of the Society were voted, and copies requested for publication.

The following bills were ordered to be paid, viz:—

P. Katzenbach's, for dinners	$40 00
For use of Temperance Hall	3 00

The Committee on Unfinished Business reported the Resolutions, offered at the special meeting of 1854, and postponed at the last annual meeting to the present, which resolutions were adopted by the Society, as follows:—

Resolved, That no person hereafter shall be deemed qualified to hold a seat in this Society, unless he shall have obtained a license agreeably to the provisions of our Charter and By-Laws, as they existed prior to the Legislative session of 1854.

Resolved, That it be recommended to the several District Societies,

not to admit to membership any person who has not received a regular diploma, according to the By-Laws of the Medical Society of New Jersey.

The Corresponding Secretary was directed to notify the several District Societies of the foregoing resolutions.

The Treasurer submitted his report, which was accepted.

The Committee on Treasurer's Accounts reported they had examined the same; they find them correct, and a cash balance in his hands of $\$160\frac{87}{100}$.

Dr. T. J. Corson was appointed Essayist.

The following were appointed Censors:—

Essex.—G. R. Chetwood, A. N. Dougherty, C. Eyrich, and L. A. Smith.

Bergen.—B. Oblenis, H. A. Hopper, W. H. Day, and C. Hasbrouck.

Morris.—H. P. Green, J. S. Stiger, and J. W. Canfield.

Warren.—S. S. Clark, W. Cole, L. C. Cook, and W. Kennedy.

Somerset.—L. H. Mosher, S. K. Martin, F. S. Schenck, and H. H. Vanderveer.

Monmouth.—R. W. Cook, J. S. English, A. B. Dayton, and W. L. Debow.

Hunterdon.—J. A. Gray, W. Johnson, J. Blane, and A. H. Koon.

Mercer.—J. McKelway, J. Woolverton, W. W. L. Phillips, and T. J. Corson.

Burlington.—B. H. Stratton, Z. Read, I. P. Coleman, and S. Woolston.

Camden.—I. S. Mulford, O. H. Taylor, C. D. Hendry, and A. D. Woodruff.

Gloucester.—J. Fithian, J. R. Sickler, F. R. Graham, and S. T. Miller.

The following were elected officers:—

President,	R. M. Cooper.
First Vice-President,	T. Ryerson.
Second Vice-President,	I. P. Coleman.
Third Vice-President,	J. R. Sickler.
Corresponding Secretary,	S. W. Butler.
Recording Secretary,	W. Pierson.
Treasurer,	J. S. English.

Standing Committee.—S. Wickes, J. H. Clark, and S. T. Miller.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Doctors L. A. Smith, J. Blane, N. W. Condict, R. M. Cooper, J. B. Coleman, and B. H. Stratton, with power to supply vacancies.

The Scientific Committees made no report.

They were continued, as was also the Committee of Arrangements.

The President reported, that he had granted six licenses on presentation of diplomas, and two on certificates of Censors.

Resolved, That the hour of meeting of the next anniversary, be 7 o'clock P. M.

Society adjourned.

W. PIERSON,
Rec. Sec. of M. S. of N. Jersey.

ADDRESS OF THE PRESIDENT.

WITHOUT claiming for one division of medical study all devotion, we wish, in the present address, to bring CHEMISTRY prominently before you as the rudimental part of our profession. As an exponent of the laws of matter, no other can supply its place. As extensive in its range as the physical elements of the world, and embracing all their properties, separately, and in combination, organic, as well as inorganic, it is obviously the key to knowledge in the great science of life. We should therefore give due importance to its acquisition, and regard that member of our profession most competent, who is best instructed in chemistry. The mind to comprehend, and the time necessary to acquire a knowledge of its complicated laws, give the accomplished student in this, that certainty of position which no other single branch can warrant.

The knowledge most needed by physicians of this day, besides chemistry, is in the departments of minute structural anatomy, natural philosophy and physiology. The other specific branches of the profession have long been open to the observation of men of trained thought and great genius, and have been written upon knowingly and authoritatively. These men could observe, experiment, and demonstrate, and as far as their particular departments extended, had much light to direct them. We will bring as instances, Materia Medica, Anatomy, Surgery, and Midwifery. Each of these will suggest a limit to investigation, unless aided by knowledge derived from chemistry.

Materia Medica, the oldest, the most investigated, most voluminous in facts, studied alike by savage and civilized, has come to us with its long catalogue of remedies, true in all those great points, which nothing but time and the experience of thousands could have settled. This specific branch, reaching no further than a description of medicine, and its well-attested effects upon the human system, without the aid of chemistry, and microscopic anatomy, is nothing more, as regards the science of our profession, than the knowledge of the savage or the empiric. Without chemistry, it might have been taught as profitably before the discovery of oxygen, as at this day. From this, so plain to observation, so popular in practice, so carefully noticed in the physician, and in which, if well read and experienced, a safe reputation may be established in a limited circle of practice; from this branch alone, which thus gives a medical reputation, we can draw no satisfactory conclusions in the great problems of life. If we attempt to reason upon the nature of remedies, and their effects, we call for the aid of other and higher sciences.

It is the want of chemical knowledge, and its intimately connected accompaniment, microscopic anatomy, that has caused the mere practitioner of materia medica to degrade the profession, standing as he does side by side, on the same level with the medicine man. It is likewise this

want of true knowledge, that induces an almost superstitious faith in remedies, a belief in powers that do not exist in medicine, and a willingness to try the effect of agents that are inimical to life, under the very conditions in which they are often used.

Anatomy, comprehending the grosser structures of the system, and going no further than the unassisted eye can direct in determining structure and tissues, is not a recent science. All that is important in the practical sense, practical as understood by those who place but little value on the microscope or chemical explanations, was taught, to their entire satisfaction, in the time of Queen Elizabeth. It was demonstrated then, with sufficient precision to make good surgeons, and in a manner, also, to give a show of learning, and add weight to the physiology and pathology of that period. The same amount and kind of anatomy that was taught afterwards by James Drake, applied in practice at this day, would pass unchallenged and approved, by those who can see nothing in minute structural anatomy and organic chemistry, to claim the highest place in medical study.

Surgery proper, or that division which embraces operations upon the body, can, perhaps, be practised with greater success, with less knowledge of the science of life than any other branch of the profession. In removing morbid growths, rectifying deformities in figure, amputating limbs, tying arteries, removing tangible internal obstructions, no further anatomical accuracy is required that was taught a century since. The surgeon, then, who merely operates, asks but little of those branches which are the great exponents of the laws of life.

Midwifery, considered as a part of surgery, in conjunction with a routine administration of medicine, is an old art, perhaps as well and skilfully practised, under the teaching of Smellie, as at this day. The dynamics of parturition was based upon structure, and parts plain to the observation of old anatomists, and all that related to form, position, and force, was discussed to the satisfaction of the profession. The educated midwife of old would now be regarded as a safe and respectable practitioner, within the limits we have suggested. All the doctrines that have been established by the aid of the microscope and chemistry, and which underlie this branch of the profession, being abstract, and difficult, while they tend to perfect it as a science, are not recognized, by many, as essential in practice. This want of recognition degrades midwifery to a mere art, that may be practised by those who are comparatively uninstructed. Briefly, then, we may come to this conclusion: our profession may be followed with remunerative success, and with great neighborhood reputation, even though the sciences, by which alone the phenomena of life are explained, be disregarded.

A society organized to advance medical science, should give its sanction to such opinions, as require of the profession, however difficult to attain, a knowledge of those sciences which alone explain the laws of vitality. It should recognize in chemistry, and microscopic anatomy, the rudiments of medicine, and refer to them the phenomena of life for explanation.

Under the implied sanction of this society, of the learned and considerate of the profession now before me, it will not be out of place to

confirm their conclusions, by showing the bearing of chemistry and microscopic anatomy upon medical reasoning and practice.

Chemistry, embracing all matter, under every form, inorganic and organic, and all molecular attractions and repulsions, is the foundation of physical knowledge. The earth, the water, the air, the all-pervading imponderable forces, the organized existences of field, and flood, and atmosphere, reveal to chemistry the mysteries of their existence. It numbers and classifies the elements, it weighs and determines their combining proportions, points out their controlling affinities, and tells what forces are required to break up one combination and form another, and in every elemental transformation, points out the law by which it has been effected. Without a knowledge of chemistry, it is impossible to comprehend those primary movements of the elements which produce organic structnre, nor can even the elements themselves, that compose the structure, be known. As a consequence, an understanding of the phenomena of life, in health and in disease, must be imperfect and uncertain in most of its practical applications, with those who neglect chemistry as an exponent of the living forces. To illustrate a few of these points, we shall refer to Animal Heat, and the kind of food and clothing adapted to different conditions and temperatures; to Atmospheric Influences in health and in disease; to Aliments as adapted to structural reproduction; to the functions of the Liver and Kidneys in the metamorphosis of structures; to the Circulation of the Blood beyond the influence of the heart, with its composition and changes; to Muscular Action; and to the use of Remedial Agents in disease. These are selected because they are ever obtruding upon our notice, and will answer our purpose as fully as any others, to show the value of chemical reasoning.

The combination of the oxygen of the air, with carbon, forming carbonic acid gas, is attended by an evolution of sensible heat, of an intensity always proportioned to the rapidity of the combination. It matters not where such an union takes place, whether amongst inorganic substances externally, or within the living animal tissues, oxygen and carbon, thus uniting, throw out heat. If the process be slow, as the common decomposition of vegetable matter into carbonic acid gas, the definite amount of heat is evolved, but is not appreciable to the senses in raising the temperature of the surrounding bodies. If more rapid, it is felt, as during the active fermentation of decomposing carbonaceous masses. If still more violent, ignition and all the phenomena of burning occur. The oxygen gas of the air, taken into the lungs of animals, is found in the arterial blood. In its round of the circulation, it unites with carbon that is being separated during the metamorphosis of tissues, or given off from the breaking up of hyrdro-carbon compounds, and during this union forms carbonic acid, and imparts heat to the surrounding media. It is obvious, that in proportion to the oxygen consumed, must be the heat evolved. Animals with large lungs, and a free and rapid circulation, can maintain a higher temperature throughout the entire system, than those of an opposite formation and activity. They will likewise require more food, particularly that of a carbonaceous character. In all essentials, as far as calorific effects are concerned, large lungs, of good activity, are a furnace of capacity, acting upon a large amount of fuel, under a good draught, the heat generated being in pro-

portion to the quantity of carbon consumed. When the air is hot, or cold, the weight of oxygen in a given volume varies, less being inhaled in summer than in winter, in an equal number of inspirations. Every motion in the system, of whatever kind, in whatever tissue it may occur, is attended by a disturbance of forces, and a change of structure is produced. This change is a breaking up of some elementary combinations, and a formation of others; living tissue becomes dead matter, and the oxygen ever present in the normal condition, seizes the carbon wherever thus liberated, and consumes it, giving warmth, and those electric phenomena that always attend combustion. Violent exercise, with its full rapid breathing, is the cause of rapid consumption of all tissues; while inflammatory fever, with its great demand for oxygen, wastes the organisms rapidly, not as exercise, equally, but partially, those most consumed being determined by the local points of irritation. The kinds of food, and the proper amount to supply the wants of the system, vary with temperature, exercise and health. The loss in winter air, in an indolent animal, is mainly carbonaceous, the principal effort in this case being to maintain animal heat. The exercised animal loses both carbon and nitrogen, in the disappearance of fat and muscle, and food suited to the loss is required. In the diseased animal, these two conditions are to be regarded, with the loss or engorgement that constitutes the abnormal state, and such a course is to be pursued as will supply the wastes and remove the obstructions.

It is for the chemist alone to test and determine the materials, and their quantities, and to adapt them to the emergency, and although he should not be able to accomplish all, he certainly can make some progress where no other explorer can take a single step.

Connected with the generation of heat in the animal body, is the maintenance of an even temperature, under all variations of atmosphere and accidental exposure. It would be difficult for one not acquainted with the laws of heat, to explain the existence of animals through all ranges of latitude, from the equator to the pole, and even in a temperature, for a considerable period, in which water may be made to boil. The whole subject of animal heat, with its adjuncts, food, evaporation, radiation, and enveloping media, so important in a practical view, so necessary in its physiological bearings, and so prominent in the estimation of the philosophic physician, is altogether chemical in its facts and explanations.

The atmosphere, unchanging in the amount of its elements, thin, elastic, and invisible, bearing in its broad folds the vapors of the sea, and the perfumes of the land, receiving and transmitting unchanged the sunlight to the earth, ever in motion, distributing and mixing the vital air of the field and forest, with the mephitic exhalations of the town, quenching the fever of the South with the frigidity of the North, and holding, poised above us, the thunder-cloud as it moves onward to flash the excess of one region upon the undercharged fields of another: this atmosphere, so varied, the medium of sight and sound, the great magazine of so many forces with which we are familiar, furnishes the oxygen, the vital element of animal existence.

The phenomena dependent upon the atmosphere that come within the circle of the physician's inquiries, are many, and complicated as the

relations of oxygen with nitrogen, with carbon, and with hydrogen; as also of the atmosphere with various states of humidity, temperature, weight, motion, and electrical condition. These constantly occur in medical research, and our explanations of the phenomena of life are imperfect without understanding them.

The food of man, in a strictly chemical and physiological sense, is that digestible organic combination of elements that are calculated to supply the particular wastes of the body, varying as to the tissues most destroyed. If the loss have been medullary, or muscular, it must be nitrogenous; if adipose, carbonaceous; if osseous, calcareous. The subject requires for its investigation an analysis of the different structures of the animal system. The chemical arrangement must be reduced to a formula, and the quantitative losses during certain periods of action marked and determined. When each structure has been thus classified, and its wants made known, it will not be deemed expedient to feed a man of exhausted muscle on starch or gum, which contain none of the lost element of muscle; nor will it do to feed a lean man, however large his muscles, on flesh without fat, if you wish him to maintain his animal heat, without exercise, in winter. Such a man has expended his carbon, and requires starch, gum, sugar, or fat, for combustion. In cases of wasting disease, a knowledge of the particular loss of the most important organs will direct the appropriate diet. It is this specific want, that prompts the instinctive selection of aliment so often noticed in the sick, a want growing out of vital chemistry. The most unusual articles of food are often demanded, and when supplied, have produced immediate benefit. Quantity, not quality, in such conditions, is most liable to do injury. Meat is often craved in cases of lingering disease, when it is often improperly forbidden by the physician. The vast muscular system, and the whole nervous apparatus have been wasting away; the kidneys and the skin have been carrying off nitrogen abundantly, and there has been no aliment to supply the loss. A little arrowroot, or gum-water, or panada sweetened, have not restored many atoms of the lost element. The fat has been absorbed in this case of emaciation; the liver has no material for a healthy secretion of bile; the oxygen taken into the lungs must find carbon, and in its search, in the round of the circulation, it breaks up those structures, which, in their starved state, should be free from its attacks. Muscle, nerve and albuminous tissue, are deranged and dissolved under its influence.

If the great formative function of nutrition be one that interests our profession, chemistry alone can explain its wonderful phenomena.

The functions of the liver and kidneys are important in the metamorphosis of tissues. From their activity or inertness, and the nature of their secretions, we determine, in a great degree, the vitiated condition of the system, and as certain products are more or less abundant, we form our opinion of the probability of the powers of life to sink under or resist the processes of destruction. As the lungs, they make a direct appeal to our knowledge of chemistry. Each is a laboratory, in which specific operations are performed on elements under the influence of affinities, combining proportions, and all the other acknowledged circumstances that attend chemical processes.

The entire circulation of the blood in its round from the left venticle

to the right auricle, would be a difficult problem to solve, unless we were to take into the account forces that are ever active in the living formative structures. After the impulse of the heart has driven the blood to the extremities of the minute arteries, the structure it has to penetrate, and in which it becomes involved, outside of any vascular conduits, can have no other effect in determining its currents, than through the agency of those affinities, which the elements of this structure itself have for some of its constituents. Attraction and repulsion are here operative to a great degree. New matter is assimilated, whilst old is removed, and as the separation of the old is effected by the same amount of dynamic force as is the combination of the new, we have a sufficient cause for the beginning of the venous circulation. Fluids are forced into the minute extremities of the veins, which are constructed to receive, under slight impulse, and not to draw by any supposed exhausting action of the distant heart. That point of most importance in the circulation of the blood, considering the forces that are operative, and the changes that are produced, is in the parenchyma, or all that ultimate structure, of whatever tissue it may be, tendon, muscle, or brain, that is beyond the vascular termination of the arteries on one side, and the veins on the other. It is here life begins; it is here where its manifestations continue, and the final obstruction and decomposition of which is death. To comprehend the phenomena of vitality, we must demonstrate the action of these structures. Heat, exercise, food, and medicine, in their effects upon the circulation, have been noticed by the common observer. Why it is that certain conditions of these will change the ordinary circulation, is to be traced alone by those who understand the material of the blood, and the wants of the system under unusual states of existence.

Every movement of the animal system, from the first molecular play of the cells in forming tissue, to the perfected action of muscular contraction, is to be investigated by the light that is thrown upon the organism by chemistry, aided by microscopic anatomy, and dynamical philosophy.

Life, in its varied phenomena, is manifested to us only by movements that are produced in the system. Each of these movements is referable to certain changes that take place in composition of structure, and in position of parts. The force that causes the change of position of masses, is derived from decomposition, or the breaking up of organic compounds, which force acting in a new direction, through the medium of the nerves, produces muscular contraction. The amount of these forces, the sources from whence they are derived, the arrangement of the ultimate structure of the muscle, so as to favor what may be a polarizing influence, all, intricate as the web of the elements, and extensive as organized nature, cannot even be approached, without a careful preparation in those sciences which make known the laws that are as universal as the affections of matter.

All those diseases called bilious, in which the liver is primarily or secondarily affected, in which there is too small or too great a secretion of bile, and in which the bile-secreting organ is regarded as the chief cause of complaint, cannot be satisfactorily known, unless the chemical relation of the constituents of the bile to the other elements of the body be understood. The liver may not act as in health, in consequence of a deficiency of the supply of the compounds on which it operates; for the

blood may not enter it charged with the due proportion of the elements of its secretion. It again may elaborate bile in an apparently undue quantity, and thus show itself in the discharges, whereas the secretion is not at fault in quality or quantity, but the state of the alimentary canal may be such, that the bile cannot be absorbed for the purposes of animal heat, and instead of a fraction only of the amount secreted being discharged, as in a state of health, nearly the whole amount may pass off unabsorbed. To torture the liver, in these cases, by alteratives, is unwise chemically and physiologically. If through the agency of medicine, given under a false hypothesis, there should seem to be a speedy relief from a diseased condition, the inquiry ought to extend through the whole circle of reactions that have been occasioned by its introduction into the system. It does not follow, that by naming a disease, and guessing at a remedy, even if by that remedy the laboring organs should be relieved of their obstructions, that such a practice is safe and scientific. A dislocated thigh of some weeks' duration, has been reduced by the crippled man falling from a fence; yet in other cases such falls have broken thigh bones and occasioned death. The point to determine is, what is the diseased condition essentially, what element, what combination of elements, what tissue, or what apparatus is at fault, and after the discovery shall have been made, then such means may be resorted to for relief, as the rigid laws of life alone shall warrant. In bilious disorders, as they are called, there is much to study, much minute structural anatomy, and much organic chemistry, and it is not until the interrogatories of these sciences shall have been answered, that we can treat these complaints any more satisfactorily than they were in darker periods of science.

Exanthemas can be understood only, and managed safely, by observing the effects of oxygen, and its proper action on the skin, and the withholding all agents that interfere with this process. It requires chemical knowledge and discrimination, in these peculiar diseases, to carry them rationally and safely to their termination. Diseases of increased or diminished vitality, as of inflammatory or typhoid types, while they are recognized by their outward symptoms, gain from chemistry alone the explanation of their essential condition. In the vast amount of these affections, meeting us as they do, on every hand, he who can best penetrate their mysteries is the chemist. Experience has pointed out certain groups of symptoms, which have been successfully combated by certain modes of treatment. Science determines the elemental nature of these diseases, examines the fitness of the remedies, and is able to determine in what particular is constituted the merit of the success, and often by showing the elemental want, suggests the appropriate relief. These investigations, in affections of common occurrence, if properly made, require an amount of chemical learning and precision of difficult attainment. The most obscure points of disturbance are those which evolve fever, and the symptoms by which fever is recognized, are necessarily sympathetic and crude; they are the irregularity of functions which indirectly respond to the tissue in which the abnormal action began, and as these disturbances may be the effect of any derangement that interferes with perfect vitality, they may lead us far astray from the ultimate cause. In tracing the difficulty through the wilderness of disturbed normal actions, chemistry

must decide the specific value of each, and show us finally in what consists an inflammatory or typhoid fever; show the tissue and the molecules that are exuberant or deficient in vitality—this is its work, and it is competent to the task.

With these few illustrations we cease. In reviewing the points of this address, we may safely conclude, that there is one branch of our study that is beyond all others as an exponent of the phenomena of life,—that it is analytical, demonstrative, and practical,—that it is universal in its application, and philosophic wherever it reaches—and that the highest respect of the profession is for him who throws the logic of chemistry around the results of his experience.

REPORT OF THE STANDING COMMITTEE.

The Standing Committee of the Medical Society of New Jersey have the good fortune to be able to congratulate the members of the Society, inasmuch as "the general health of the citizens of New Jersey during the preceding year" has been unusually good; and that which Dr. Hasbrouck says in regard to Bergen County, may very appropriately be applied to the State, namely: That it has during the past year been unusually exempted both from the ordinary and epidemic form of disease. In the language of his Excellency the Governor of the State, we "are enjoying unprecedented health."

There has no *Epidemic* prevailed to any great extent in our State during the past year; such as approached that character were generally limited to small portions of the State. Among these, perhaps, scarlatina stands most prominent; hooping-cough, measles, mumps, diarrhœa, dysentery, and bilious-fever, have had a share, and a certain disease of the skin, being an aggravated psora, very troublesome in many cases to treat. It generally yields to the treatment prescribed for itch; but is apt to return in a few days. The other usual diseases of the season that have prevailed, have generally been mild and in a manageable form.

In *Cumberland* County, as will be seen by the report of Dr. Newkirk, (see report marked A), "a little hooping-cough, a few cases of scarlet-fever, diarrhœa, dysentery, bilious and typhoid fever." Mention is likewise made of the skin disease, and its treatment in that place.

In *Bergen* County, says the reporter, Dr. Hasbrouck, a few cases of scarlatina occurred with the usual complaints of the season, and some interesting information is given, for which see his report, marked B.

In *Gloucester* (see report marked C), Dr. Graham, the reporter, speaks of a fatal type of cynanche tonsillaris and diaphragmatic pleurisy, and, frequently along the creek and river shores, of bilious fever prevailing; and that diarrhœa and dysenteries have been rare.

In *Warren* (we speak of our own knowledge, no report having been received), in addition to the usual complaints of the season (which were generally mild for their kind, and as much or more manageable than the same diseases in other years), in the southern part of the county scarlatina prevailed in the winter and spring months, and was the most dreaded of any disease the profession had to contend with. It existed in all its forms, and in some small localities was more difficult to manage than usual, relapses frequently taking place, and wearing the patient by slow degrees to the lowest condition. Recoveries were tedious. We are not aware of any new treatment made use of in this part of the State in the disease, nor of the number of deaths compared with those who recovered. Smallpox made its appearance late in the fall in the neighbor-

hood of Stewartville, having been brought from Philadelphia by a colored man, and spread through a number of families, in some instances with fatal termination; but it was arrested by vaccination, care, and non-intercourse. The diseases of Hunterdon were much like those of Warren, and like them, too, generally mild of their kind. The only exception to this, was in the townships of Union, Franklin, and a part of Readington, and Clinton, where scarlatina prevailed, some portion of the time. In Union it commenced in December, 1854, and during that month, and a few days in January, it prevailed in all its phases, from the mildest to the most malignant ever known to the majority of your committee. During this time forty-three cases were treated, of which two proved fatal. It then took a rest, and on the first day of February it renewed hostilities, and from that time until the seventh day of March, there were one hundred and five cases treated by your chairman. They were generally severe cases, and of them eleven proved fatal: in one respect they agreed with the disease as mentioned by Dr. Hasbrouck. They did not appear to have the most remote connection with each other. They were treated in the usual manner. In the latter part of March it made its appearance in Franklin and in the east part of Readington, and the south part of Clinton townships, frequently in a very aggravated form, and as a consequence, frequently fatal. Here, according to the observations of those gentlemen who were called to treat it, the disease appeared to be contagious. One of the members of the profession thought he could trace every case in his practice either to direct contagion, or to its being carried by nurses, neighbors, or visitors. There was nothing new in the treatment.

We had two cases of eruptive fever, which resembled varioloid in the eruption, but took as long to run its course as the smallpox. They must have been a protracted varioloid. They occurred in patients who had been vaccinated; they left no pits or other scars, and yet in both cases communicated the genuine smallpox to several who had never been vaccinated.

Besides these cases, smallpox made its appearance in December, apparently without any intercourse with any one who had the disease. It was in every instance of the distinct kind, and run its course to a favorable termination. It now exists in Alexandria, in a large family of children, only one of whom (the oldest) has been vaccinated before the breaking out of the disease. The mother was vaccinated thirty-nine years ago, by Dr. John Wall, then of Pittston. It now remains to be seen whether vaccination will be a protection in her case. Full confidence is placed in its protective power in this part of the country, and no suspicion that it wears out of the system—it has thus far stood triumphant. In regard to this disease, and the protection afforded by vaccination, we mention the following FACTS, which occurred some of them during the past year, and some of them during former years. In several families where smallpox prevailed in a natural way, on the breaking out of the disease, vaccination was resorted to, and generally took well, and in every such case arrested the disease. In one family (the most of whom were opposed to vaccination—they had no faith in its protective qualities, although several of them had been vaccinated) the smallpox prevailed in a natural way in three members of the family, all of

whom had not been vaccinated. One of them was of the confluent kind, and very bad; the others full, well marked, although of the distinct character. There was one who had been vaccinated two years before. He was from home at the time, and was not of age. He lost some time in consequence of being vaccinated, and the parents had not entirely abandoned the idea of making the physician pay for his lost time and damages (the father, particularly, was opposed to vaccination), when the same physician was called on to attend the family for smallpox, taken by a son while visiting a neighboring city. The family were determined that not only the boy, but all the others who had been vaccinated, should have the smallpox, and for this purpose (unknown to the attending physician at the time) they hired an old man who had been in the army and among the smallpox frequently, to inoculate them. This he did daily for several days, during the time the son had the disease, and repeated the same again when the others had it, and each time in several parts of the system (being determined to make a good job), with matter taken immediately from the patient in all stages of the disease. The family consisted of those who had been vaccinated, besides the one already mentioned, of a bound boy who was vaccinated five years before; one son that the mother had by a former husband, and who had been vaccinated twenty-five years before, and the mother who had been vaccinated twenty-seven years previous; and notwithstanding they nursed the sick, and were so frequently and so long-continuedly inoculated, yet vaccination stood the test, and came off victorious, and not only saved its own credit, but the physician, in all probability, from a troublesome and expensive lawsuit.

In another family, the mother, who had been vaccinated thirty-seven years, nursed her son who had the disease in the natural way, and his wife and two children, who contracted the disease from him, during the whole time of their sickness, and so far from complaining, declared she never enjoyed better health in her life, than she enjoyed while nursing her smallpox patients.

Your committee are acquainted with six other cases, all mothers of families who have nursed their children, and in some instances others, and whose vaccinations have stood the test in every instance. They were vaccinated from thirty to thirty-five years before their exposure to the smallpox.

As to *Discoveries*, your committee are not aware of any being made lately, other than those already known to the profession generally. The chinoidine has been used in intermittents and periodics with apparent good effect; but so far as your committee are acquainted with the remedy, its principal virtue is cheapness, when compared with quinine, and perhaps not quite so much to be depended on.

Such *Remarkable cases* as have been made known to the committee will be found in the several reports before alluded to—no others have come to the knowledge of the committee worth reporting.

In regard to *Irregularities*, the attention of your committee is called, in a report of one of the District societies, to the fact that at least one member of one of our District Medical societies, has lent his name and influence in favor of a quack remedy for a certain form of disease. Your committee have learned, also, that this irregularity on the part of the

gentleman referred to, has been made matter of complaint against the profession of this State, by the profession of other States, and a public call has been made upon us in more than one instance, through the pages of our own medical journal. Under these circumstances, your committee deem it proper to call the attention of the Society to the subject, and recommend that some action be taken in the premises.

As it regards *Neglect and contempt of the laws, rules, and regulations of the Medical Society of New Jersey*, your committee are not aware of any extraordinary contempt or breach of our laws among those who are regularly of the profession. Instances exist of Homœopathists and others practising; but in the part of the State in which the committee reside, the good sense of the citizens are putting them aside without the interference of the profession.

The law of 1816, which filled the ranks of the profession with all such persons as were practising physic or surgery, at the time when the District societies should thereafter meet, thus giving opportunity for all such as wished to avail themselves of it to enter the profession, without giving any evidence of their medical attainments, has nearly expended its force; we have, however, in the State, a few of that class of practitioners—no doubt some worthy ones—and among them an old lady, nearly eighty years of age, who still practises "the profession of Physic and Surgery," and boasts of the good sense of a Legislature, who had discrimination enough to pass such a law.

No *By-laws or proceedings of District Medical societies* have been brought before the committee, consequently nothing to report under this head.

Neither have they been required to prepare for publication, any *Facts, circumstance, or observation on Medical or Philosophical subjects.*

Reports have been received from three District societies' reporters, which is a source of gratulation, inasmuch as it is so large an increase on the preceding year. They are arranged in the order in which they were received, and appended to this report.

For a number of years, and up to 1849, the Society appointed its own reporters, one for each of the several districts, eastern, middle, and western, and the Standing Committee, up to that time, so far from complaining of the assistance of the reporters, in some instances speak in terms of commendation of the promptness and alacrity with which they performed their duties. That year the Society amended its By-laws to read, that "It shall be the duty of each District Society, at its annual meeting, to appoint one of its members as a reporter, who shall be bound (since altered to 'required') to furnish the Standing Committee," &c.; at the same time appointing its usual reporters; and we find, the next year, the report is full of information from most parts of the State. Some, indeed, from the reporters appointed by the District societies, but more particularly from the old source, the reporters appointed by the Society itself.

This year (1850) the Society, under the revised by-laws, ceased to appoint reporters, and the Standing Committee was to receive information from reporters appointed as before mentioned. At the annual meeting, 1851, the Standing Committee reported that they had received only one report, including, of course, only one county. In 1852 the Stand-

ing Committee say, "Reports have been received frem seven counties," although there were present at the meeting, delegates from twelve District societies, and there were fourteen in connection with the present society; consequently more than one-half of the State was not heard from.

In 1853 the Standing Committee says: "There are fourteen District societies in the State of New Jersey, from none of which have any reports been received," and recommends that "the committee be appointed so that its members shall all reside in one county, or at least so near each other that they can meet as often as may be necessary, to fulfil the duties of their appointment." This recommendation the Society adopted, and it still continues to be the practice of the Society. At the same time certain recommendations in regard to the appointment of reporters, were not adopted—these will be alluded to hereafter.

In 1854 the Committee says reports were received from four District societies.

In 1855 the Standing Committee says: "Not one single communication has been received from the District reporters."

In 1856, we have, as already stated, reports from three District reporters.

In 1853 the Standing Committee proposed as follows:—

"Let each reporter, when appointed, be *ex officio* a member of the Medical Society of New Jersey; let it be expected of him that he will faithfully report everything relative to the objects of his appointment, within his county," &c. (see report of that year).

In 1854 the Standing Committee says of the system of reporting: "Is not some change in the system demanded?" and immediately adds: "Your Committee unhesitatingly believe there is, and therefore indorse the suggestions of their immediate predecessors." In 1855 the Committee says, on that subject: "It is manifest that the plan at present existing has entirely failed to answer the purposes in view," and "the subject is recommended to the consideration of the Society."

In view of all the opinions thus expressed, as well as our own convictions on that subject, your committee would again bring this matter to view, and in addition to the former suggestions of the committee of 1853, they would recommend that the appointments be made by the present Society, and, if need be, that the by-laws be altered to that effect. It will, in the opinion of your committee, bring the matter immediately under your own control, and there would be less delinquency, as is plainly manifest, by comparing the old method of appointing reporters with the new one.

JOHN BLANE,
R. BYINGTON,
A. S. CLARKE,
Standing Committee.

(A.)

Report from Cumberland County.

GREENWICH, Dec. 6, 1855.

DR. ISAAC S. MULFORD—

DEAR SIR: As you were chairman of the committee last year, I shall presume that you were continued; at any rate, that you know who is. I was honored with the office of reporter of epidemics, &c., for the county of Cumberland at the last annual meeting of our Medical Society, and as such, send you what follows:—

A healthy state of the people composing the population of our county, leaves but little of an interesting character for a reporter to glean from the past year. No very serious general epidemic has prevailed. Our usual spring and summer, and fall and winter diseases have prevailed in their season, and mostly have taken their regular course. A little hooping-cough, a few cases of scarlet fever, diarrhœa and dysentery, with bilious and typhoid fevers, and generally mild in type and course, have been the diseases that required our attention. The mortality among the white population has consequently not been great. Among our colored population, however, there has been a large mortality from consumption, which perhaps merits a passing notice.

Out of three hundred and fifty, which is the number of colored in the township of Greenwich, eighteen have died during the past year, and nearly all of lung complaints. And seldom are we called to attend them for any other diseases. Their many bad habits, and generally careless and improvident manner of living, seem to be the causes for this great mortality.

At our semi-annual county Medical meeting in November, several members reported a rather unusual number of cases of a somewhat anomalous cutaneous affection. It seemed to be, at first, vesicular; was accompanied with intense itching and smarting—making scratching an absolute necessity, and causing the eruption speedily to ulcerate. In many respects it assimilated scabies, and seemed to yield to the remedies usually applied for it. It generally ran a protracted course, some cases having been more or less continuous, for a whole year. It seldom commenced on or was seen between the fingers, more generally on some part of the body, sometimes on the forehead and face. When it passed to the ulcerated state, the color of the ulcer was of a dusky copper red. It often went through whole families, but not as a general rule, if there was cleanliness and great care taken to prevent it. Some of those who had seen it thought it contagious, others not so. No one gave it a name, but one of the members stated that he was called to attend one case of it, that was called by his patient the yaws. The eruption, all agreed, was tedious, annoying, and unsightly; but as yet in no one instance fatal. When apparently cured, it sometimes proved to be still in the system, and return was not uncommon. Sarsaparilla, iodide of potassium, Fowler's solution, &c., were the internal remedies mentioned as effectual, while externally all the various ointments, even to the laurel bath, were used until a cure followed.

The chills and fever, which have been so prevalent in many localities, have touched but lightly, so far as heard from, in our county. A fact the more remarkable from their wonted prevalence in times gone by. Greenwich township looked for her fall fevers a few years since, as certainly as for the annual return of the autumnal season. The cause for this great exemption and change we know not, the fact that it is so, is all we vouch for.

In the spring there were a few cases of erysipelas, among old people, terminating fatally; but none were accompanied with any symptoms sufficiently unusual to merit detail. I might perhaps allude to a tendency to diarrhœa as a characteristic of most of the diseases prevalent during the summer and early part of the fall months. Generally, however, easily controlled, and the treatment required, mild.

N. R. NEWKIRK,
Reporter.

DR. ISAAC S. MULFORD, *Chairman*, &c.

(B.)

Report from Bergen County.

TO J. BLANE, M. D.,
Chairman of the Standing Committee of the Medical Society of New Jersey.

SIR: The District Medical Society for the county of Bergen is the most recently organized of any in the State; its by-laws having received the approval of the State Medical Society, at their annual meeting in January last. And in this, the first annual report from the District, it is hoped that any defect or irregularity that may exist, may be overlooked, on account of the ignorance of your reporter as to what is, and what is not required in such a document.

From the information communicated by the members of our society, and the facts which have fallen under our own observation, it may be stated with confidence that our county, during the past year, has been unusually exempted, both from the ordinary and epidemic forms of disease.

During the winter and spring, pneumonia, bronchitis, and the ordinary catarrhal affections of the season, prevailed to their usual extent, presenting nothing unusual in their character. In this connection, it may be proper to observe, that an unusually large number of cases of subacute pleurisy, terminating in hydrothorax, or extensive effusion in the chest, occurred, not only in the winter and spring, but also during the summer and autumn. A large proportion of these cases, so far as our own observation extends, were in patients of tuberculous diathesis, many of whom presented unequivocal evidences of extensive pulmonary tuberculosis.

Since the general adoption, by the profession, of the plan of treatment suggested by the late Dr. Hope, in his *Notes on the Treatment of Chronic Pleurisy with Effusion*, dictated a few days before his death,

and published in the *Med.-Chirurg. Rev.* for April, 1841, we can anticipate with great confidence, the most prompt and satisfactory results, in our treatment of this insidious and formidable disease. The measures suggested by Dr. Hope, as the committee are aware, are: 1st. The free administration of mercury, so as to secure prompt and full salivation; the mercury to be pushed, regardless of the apparent hectic, or anæmia, or prostration, but guarded with opium, so as to protect the mucous membrane of the intestinal canal. 2dly. Counter-irritation by blisters, repeatedly applied to the affected side of the chest. 3dly. Tonics and nutrition, so as to sustain the recuperative powers of the system. 4th. Diuretics, particularly the iodide of potassium, and in cases of extreme urgency, hydragogue cathartics.

Considering the large proportion of these cases which formerly terminated fatally, and the rareness of such a result, under the above treatment, the profession and public are under lasting obligations to Dr. Hope for this death-bed legacy. For ourselves, we can say with entire confidence, that since we became acquainted with the paper of Dr. Hope, at the time of its publication, we have never known the above measures to disappoint our expectations. Even in cases undoubtedly tuberculous, and in which the patients have subsequently died with tuberculous phthisis, we have never known them to fail in removing the pleuritic inflammation, and consequent thoracic effusion. It is proper to state, however, that in cases in which there could be no doubt as to the existence of extensive pulmonary tuberculosis, we have not pushed the mercury to ptyalism, but have relied to a greater extent upon the different preparations of iodine. Lugol's solution, or the iodide of potassium, with blisters, &c. &c., have usually realized our expectations in this class of cases; the corrosive sublimate, in doses of $\frac{1}{4}$ to $\frac{1}{12}$ of a grain, being the only mercurial generally resorted to, and this given only three times a day in combination with opium.

During April, May, and June, a severe form of measles prevailed in a small portion of the county. The first case was imported from New York, and every subsequent case could be traced to exposure to the contagion of the disease. Its ravages were limited to a circle of less than six miles in diameter, but in that circle, scarcely a child escaped that had not previously had the disease. The disease presented the same low and congestive type that has characterized every other disease during the last few years. Severe pulmonary congestion was present in nearly every case, while in many the disease was still further complicated with a low and unmanageable form of pneumonia.

During the summer and autumn, the usual bowel complaints of the season prevailed, but to much less extent, and of much less severity than for some years past. The few cases of dysentery which did occur, yielded kindly to mild treatment. Opium, ipecac, āā gr. ss; sup. carb. soda, blue mass, āā gr. j, given every three hours, has been a favorite prescription of ours during the first days of treatment. Later in the disease, a more tonic course became necessary, in the majority of cases, the mixture of nitric acid, camphor water, and laudanum, after the formula of Dr. Hope, best answering the leading indications.

Diarrhœas, &c., were also much less prevalent than usual, yielding rea-

dily to some anodyne, aromatic, astringent mixtures. The following were in our experience generally efficient, viz:—

℞.—Tinct. opii f℥ss.
" rhei,
Spts. lav. comp., āā f℥j.
Mix. A teaspoonful after every liquid dejection.

℞.—Mistura cretæ f℥iv.
Tinct. opii f℥ij.
" cinnam. comp. f℥ss.
Mix. A tablespoonful as above.

We have lost no time in searching after imaginary scybalæ with calomel and castor oil, believing that such practice tends only to protract the disease and render it chronic.

A few cases of scarlatina occurred in the latter part of the summer, scattered through different parts of the county, without the most remote connection with each other. Twenty-one cases have been reported, occurring in seven families, three cases in each. In one instance the disease was imported from Newark. In the six remaining families the disease appeared to originate spontaneously, and in no case did it extend beyond the family to the neighborhood. This circumstance, in connection with the fact that the severe form of measles imported into the county was limited to an inconsiderable portion of its surface, would seem to indicate the absence of any marked epidemic tendency to the spread of diseases during the past year.

The most prominent feature of the diseases of our county during the past few years, has been the very general prevalence of intermittent fever, intermittent and periodic neuralgias, &c. &c., or the so-called *malarious diseases*. Previous to 1849, intermittent fever was the most rare of all our diseases. In the spring of that year it began to appear, and until 1853, when it reached its highest point of prevalence, it became more and more common, impressing its peculiar features, more or less, upon every other disease, or apparently mixing itself with them. Since 1853, it has gradually, I think, declined. Still, no part of our county has been entirely exempt from its presence, it being most common in the valleys, along the borders of our sluggish streams; but being also met with occasionally, upon high grounds, and even upon the top of the Palisades.

The intermittents of the last few years have presented some peculiarities that call for especial notice, and in the first place, the very common absence of ague. In a majority of cases no ague is present, a chilliness, with gaping, &c., alone preceding the full development of fever. In other instances, no appreciable cold stage is present to usher in the paroxysm.

The same want of *individuality* or *distinctness*, characterizes the whole course of the fever, rendering it difficult for the patient to realize that he has the disease, the intermissions being not well marked, and the patient remaining with irritable pulse, &c., during the whole interval.

Another peculiarity worthy of notice, is the severity of the cerebral and nervous symptoms. Intense pains of the head, back, and extremities, are present in nearly every case. Delirium is common; while in

many instances the patient is stupid or even semi-comatose during the paroxysms. Intense neuralgic pain, affecting in different patients nearly every nerve in the body, intermittent and periodic in character, accompanied with slight febrile excitement, or none at all, constituting what is known as masked or misplaced ague, have been very common, yielding only to the usual treatment of ague.

An unusual degree of muscular and nervous prostration was very generally present; two or three paroxysms very frequently so reducing the patient as to require weeks for perfect convalescence. Indeed, I have known patients of robust health, reduced to a condition of nervous prostration, by two paroxysms of a tertian fever, very similar to delirium tremens, requiring active stimulants and full doses of tinct. opii for its relief. The last peculiarity I shall notice, was the obstinate tendency to relapse, if anti-periodics were not perseveringly used for many weeks after the arrest of the paroxysms.

A bastard form of remittent fever, has also been quite common in miasmatic districts.

In the treatment of this class of diseases, quinia, and the chinoidine, have been very generally relied upon; and when the practitioner can be sure of the co-operation of his patient, and every nostrum pertinaciously pressed upon the latter by officious or *interested* friends, is steadily rejected by him, a permanent arrest of the disease can be confidently anticipated in a vast majority of cases. From ten to sixteen grains of quinine, or from twenty to thirty grains of chinoidine, given in a single interval, will almost certainly arrest the paroxysms, and a continuance of the same, in smaller doses, with an occasional mercurial laxative, will as certainly prevent a relapse. The anti-periodic should be given as early in the interval as possible, and if a second paroxysm occur, which is unusual, it is not necessary to repeat the medicine. Afterwards, two or three compound cathartic pills, twice a week, with six grains of quinine, or twenty grains of chinoidine, given the two or three days preceding the expected recurrence of the disease, have usually answered our expectations, even in the most obstinate cases, if persevered in for six or eight weeks. The chinoidine, on account of its cheapness, is very generally used in our county. It is given in pill, either alone or with piperine, which tends to prevent the nauseating effects of the drug.

At one time efforts were made to introduce into general use, "*Deshler's Pills*" as a *specific* for the disease. But those who used them found their boasted efficacy vain, notwithstanding the certificate of the Drs. Newell. Besides, becoming soon convinced by comparing these pills with those made of chinoidine, that they had been deceived as to their composition, a majority of those who had used them preferred to purchase the chinoidine under its proper name.

In the latter part of August, or as the summer gave place to autumn, typhoid fever began to appear, and prevailed to some extent until the present month, principally in those localities in which intermittents had become most common, and apparently taking the place of the latter. The eruption peculiar to the disease was observed in most of the cases in which it was carefully sought after. The disease was generally mild, running its course usually in three weeks, and in a few cases in a fortnight. Besides the diarrhœa peculiar to the fever, many of the cases were complicated with a low form of bronchitis.

In the treatment, none but the mildest sedatives were admissible, and these only in the commencement of the attack. After the first few days of treatment, spts. mindereri, &c., were more applicable. Purgatives were avoided altogether, beyond a simple laxative in the commencement. Diarrhœa we controlled by means of opium, with astringents, &c., as best answered the indications of each case. Tonics were generally necessary from the first. Even when direct sedatives, as ipecac, were called for to control vascular excitement in the early stages of the fever, it frequently answered better to give them in a cold infusion of gentian or columbo. The oil of turpentine, as advised by Prof. Wood, was observed to have the happiest effects when given in the stage of the disease in which he particularly recommended it, the tongue becoming less red, more moist, and slightly furred under its use, the tympany subsiding, and the diarrhœa becoming less.

Five cases of *Purpura Hæmorrhagica* have fallen under the care of your reporter, in the early part of the past year; and the occurrence of several cases of a disease so rare, within a few weeks of time, is deemed a fact of sufficient importance to warrant him in calling the attention of the committee to it. We have every reason to believe that no similar cases have been observed by any other of the physicians of the county.

Of these five cases, three occurred in patients convalescing from acute pleuro-pneumonia, one during an attack of measles, and one in convalescence from measles complicated with pneumonia. Four were in children under eight years old. One was an adult. One case occurred in January, one in February, one in March, and two in May. The skin, particularly over the extremities, was covered with purpuric spots, in some places resembling large bruises, while hemorrhage, more or less constant and profuse, also occurred from the mucous membranes of the mouth, nose, stomach, bowels, and bladder. One case terminated fatally; the others recovered under the use of tonics, principally iron, quinine, and the mineral acids, with nutritious diet and free ventilation. The following case is given as a fair example of the disease:—

Case 1. Mrs. E. B., aged about 60 years, a robust woman, the wife of a farmer, while so far convalescent from an attack of acute pleuro-pneumonia as to be able to sit up and take food with a relish, was taken on the 6th March with bleeding from the nose, so persistent as to require medical assistance. The hemorrhage was confined to one nostril, and it was accordingly plugged with lint and alum.

March 7. The purpuric character of the bleeding is manifest. Blood is oozing from both nostrils, from the gums, the mucous membrane of her cheeks, tongue, &c. The bleeding surfaces present a raised, fungous, semi-gangrened appearance. Pulse 80, very compressible. Countenance good, appetite unimpaired. She was immediately put upon the use of the tinct. mur. ferri, tannin, and elixir vitriol with laudanum, in separate and alternate doses.

March 8. Her legs and body are thickly covered with purpuric blotches from one to three lines in diameter. Bleeding from the gums, &c., unabated. In a day or two farther, her face was swollen, and her chin, neck, and cheeks, were fairly livid with effused blood. Pulse 100; the bleeding as profuse as ever.

The case continued the same, the mouth and pharynx being lined with

large blotches of bleeding fungus, and also her tongue, no portion of which could be seen of its natural color, and her pulse becoming more and more frequent and irritable, until March 12th, when the first indication of a favorable change occurred. Her pulse from this time became slower; the tumefaction of her neck, &c., gradually subsided, the hemorrhage slowly ceased; the eruption—improperly so called—faded, leaving only the debility to contend with.

The treatment throughout was the same, larger doses of opium being given as it became necessary to quiet restlessness and to sustain the nervous tone. Her bowels were kept soluble by means of saline laxatives. Iron, quinine, &c., were freely given and steadily persevered in, and Labarraque's solution of chlorinated soda used as a gargle, to correct the fetor arising from the putrid blood with which her mouth and throat were lined.

The only other case of unusual character, which we shall notice, is one of *diffused carbuncle* of the *lips* and *face*—a peculiar and malignant form of inflammation which has occasionally fallen under the notice of the profession the last few years, particularly in cities.

Case 2. Mrs. R. O., aged about 35 years, of tolerable but not high health, on the 22d October, noticed a small pimple on the middle of her lower lip, just at its vermilion border. Thinking that this was simply a fever sore (herpes labialis), she paid no attention to it. On the 24th, the pimple had increased to a small pustule, of livid color, but not painful, projecting a few lines from the lip. This pustule was picked at and irritated by the patient's nails. On the 27th, she went to the city, a distance of twelve miles. The day was cold and windy, and the lip, which had become considerably swollen, began to be painful also. But as the difficulty was supposed to be a small boil, medical advice was not sought, the patient contenting herself with the application of poultices, &c. From this time she became rapidly worse, until I first saw her at noon of the 30th October. She was then in bed, faint and completely prostrated, pulse 112 to 120 in a minute, small and exceedingly compressible; tongue moist, and covered with a white fur; bowels constipated; head very much distressed; respiration and deglutition unimpaired; mind clear. The whole lower lip was very much swollen and everted, also the right half of the upper lip, and right angle of the mouth, hard, painful, but not very tender. The tumefaction and hardness involved the whole chin to the larynx, and also a large portion of the right cheek. The seat of the original pustule was now an ulcerated opening, as large as a pea, from which a slough projected. The right half of the lower lip was livid, and covered with a number of sloughy openings as large as shot, giving it the appearance of a bad carbuncle.

The whole appearance and history of the case were so precisely similar to the cases reported by Prof. W. Parker, of New York, in the *N. Y. Journ. Med.* for May, 1854, that I had no doubt as to the true nature of the disease. The indications of treatment were equally plain. The patient was immediately placed upon the use of tonics, stimulants, &c. Quinine, ale, whiskey-punch, &c., were freely given, with sufficient opium to procure some rest from the intolerable burning pain. The lip was also freely scarified. But it was already too late to hope for success from treatment. The patient sank rapidly, and died on the 1st November.

Prof. Parker, in his lectures before his class, in the College of physicians and surgeons, New York, calls the disease "*Diffused Carbuncle of the Lips and Face.*" Death, he says, results from phlebitis. Many of the cases which have fallen under his notice, were mistaken by the attending physician for erysipelas—a fatal mistake, as the early recognition of the true nature of the disease is essential to successful treatment. The disease invariably commences with a small pustule. In a few instances, this pustule has appeared upon the nose; and in the case of the late Hon. Robert Rantoul, Representative in Congress from Massachusetts, it occurred upon the forehead. But very generally, one of the lips, and usually the lower one, is originally affected; and early in the disease, before the supervention of alarming symptoms, globules of pus may be found diffused in the cellular tissue in the neighborhood of the pustule.

The treatment, to be successful, must be heroic, as well as prompt, consisting of deep and free scarifications of the affected parts, with tonics, anodynes, and *stimulants*, from the commencement of the disease. Under this treatment, Prof. Parker states it as his experience, that nineteen-twentieths will recover, while without these measures nineteen-twentieths of those attacked will die.

From what has already been stated, the committee will perceive that the general type of our diseases, for the last year, has been markedly *asthenic*, presenting, however, nothing unusual in this respect. In this connection your reporter would state, that the prevailing type of diseases for some years past, is very different from that which was observed some fifteen years ago. From 1839—which is as far back as my observation extends—to 1845, diseases of all kinds presented a strongly marked sthenic character. Low or typhoid forms of disease were almost or entirely unknown. Inflammations were *acutely inflammatory*, requiring, in their treatment, the free and repeated use of the lancet, while in idiopathic fevers, bloodletting and evacuants constituted the most reliable and efficient means of cure. About 1845, however, the prevailing diseases assumed a less sthenic, though by no means an asthenic, type. Typhoid fevers began to appear, and the ordinary phlegmasiæ were not so highly sthenic in character. The lancet still constituted the most reliable means of treatment, but its use was not so freely nor repeatedly necessary. Even in the typhoid or gastric fevers of that day, the abstraction of blood, either general or local, was deemed absolutely necessary, to combat the gastro-intestinal phlogosis. But in 1849 was initiated a complete change in the prevailing type of diseases. Intermittent fever began to prevail. Cholera invaded the country. And these two soon impressed their low and congestive characters upon every other disease. Dysentery, which before presented itself with hot skin and violent reaction, requiring bloodletting and the other antiphlogistic remedies, came on with moderate fever, a weak pulse, and cool surface; collapse, more or less complete, supervening in from two to six days, with cold extremities and clammy and mottled skin, requiring the early resort to tonics, or even stimulants, to prevent the complete exhaustion of the vital powers. And so with every other disease. A marked tendency to early and complete prostration was generally observed, with internal congestions and impaired recuperative powers. And such, to a great extent, has continued to be the prevailing type of diseases to

the present time. Venesection is not now deemed necessary nor advisable, in one-tenth of the cases in which it was practised and demanded some fifteen years ago. Indeed, I am satisfied from some considerable observation of the effects of bloodletting, that even in pneumonia, and others of the phlegmasiæ involving important organs, a majority of the cases, *as they now occur*, are most satisfactorily treated without more than the local abstraction of blood. The disease, in most instances, will yield as readily, if not more so, without general bleeding, while convalescence is very materially retarded by every measure which tends, like bleeding, to lower the tone of the system. Instead of attempts at breaking up the disease by heroic measures, I am satisfied that the wiser policy is to husband the patient's resources *from the first*, so that at the termination of the course which every inflammation must run to a greater or less extent, the recuperative powers of the system may be sufficient to repair the damage necessarily done, and again to fit the organ for the healthy performance of its normal functions in the economy.

CHAS. HASBROUCK, M. D.,
Reporter for Bergen County.

SCHRAALENBURG, December 25, 1855.

(C.)

Report from Gloucester County.

TO THE COMMITTEE OF THE MEDICAL SOCIETY OF NEW JERSEY.

GENTLEMEN: Our former reporter, Dr. Joseph H. Garrison, a gentleman whose professional ability and many social virtues had endeared him to a large circle of friends, having signified his purpose to exchange the practice of medicine for another sphere of usefulness, and having relinquished membership with the Gloucester County District Medical Society during the autumn of 1854, there was no report made for the last year from our association to the State organization. It may therefore, perhaps, be proper to include a brief notice of the diseases of this period in the present retrospect.

I have nothing special to mention with reference to the winter and spring of 1854. During the summer, a severe epidemic of cholera Asiatica ravaged the borough of Woodbury—our shire town. Prior to the second or third of July, when the first cases occurred, there had been no unusual prevalence of cholerine or other indications that so fell a visitor was approaching. The duration of this epidemic (about three weeks) was apparently self-limited, no ascertained local or atmospheric influences inducing its subsidence. Cases seen in their initiative readily submitted to active treatment, but when neglected in the earlier stages recovery was rare. Sporadic cases of cholera were treated by Doctors John R. Sickler, of Carpenter's Landing, and Joseph C. Weatherby, of Clarksboro'; yet the chief fury of the epidemic was spent in a comparatively circumscribed portion of the borough of W. During the remainder of the summer and fall, a strong predisposition to bowel complaints was noticeable throughout our whole district. In some instances this

predisposition appeared in endemico-epidemics of malignant dysentery —but it was specially indicated by the multiplicity of mild diarrhœas.

An epitome of statements made at the last annual and semi-annual meetings of our county society, will perhaps constitute the most satisfactory report which I can render for the current year (1855).

Dr. Miller, of Paulsboro', states, that during the winter and spring quinsy (cynanche tonsillaris) of a highly fatal type, was quite prevalent in his neighborhood. The Doctors Garrison, of Swedesboro', report diaphragmatic pleurisy as frequent during the same period. These gentlemen also highly recommend to the profession cinchoniæ sulphas as a substitute for quinia in all forms of periodic disease. Dr. Charles F. Clark, of Woodbury, mentions a case of hydrophobia occasioned by the bite of a rabid dog. Two members of the same family were bitten; one escaped without unfavorable symptoms, and some seven weeks elapsed before marked disease was noticeable in the second. Mental disquietude, with slight uneasy pain in and around the cicatrices were the prodromic symptoms. Before morning of the second day, these symptoms were much aggravated; during the afternoon violent spasms, with dread of water, supervened, and during the ensuing forenoon, death closed the scene. Chloroform, during the progress of this case, was administered and its influence sustained for several hours with slight abatement of spasms, but no permanent advantage.

During the last summer and fall bilious fevers were very unusually frequent along the creek and river shores of Gloucester County; far more so than they have been since the memorable epidemics of 1820 to 1826 inclusive. Whilst fevers have been thus multiplied, diarrhœas and dysentery have been comparatively rare.

With mention of one or two somewhat unusual cases, permit me, gentlemen, to submit this meagre report.

Case No. 1, is the case of C. M., a lad aged fourteen, of vigorous constitution, whose left foot and ankle were so mangled in a threshing-machine as to require immediate amputation. Dr. Joseph Fithian, of Woodbury, and myself operated. In order to secure uninjured muscle for flaps, the bones were sawn about midway of the leg. To our surprise, although every extraneous check was removed, no hemorrhage ensued. Upon examination, the anterior tibial artery was found and ligated. No other ligatures were used, and the case favorably recovered. The operation was performed on the twenty-third day of August, 1854.

Case No. 2. In this case the patient was also a youth about fourteen. He had been an epileptic from infancy, and by his frequent and violent attacks was reduced to almost idiocy. A fit seized him one day whilst standing in the third story entry of our county almshouse, of which charity he was an inmate. As the convulsion subsided, springing suddenly to his feet, he leaped from an open window and landed upon the pavement, some eighteen feet or more below. The house physician was summoned, and pronounced his most serious injury to be a dislocated ankle. Whilst confined with this injury his entire exemption from epilepsy was remarked, and during the ensuing year not only was he free from this malady, but improved so much mentally as to be enabled to earn a support. He accordingly left the county-house, when the case was lost sight of.

F. R. Graham,
Reporter.